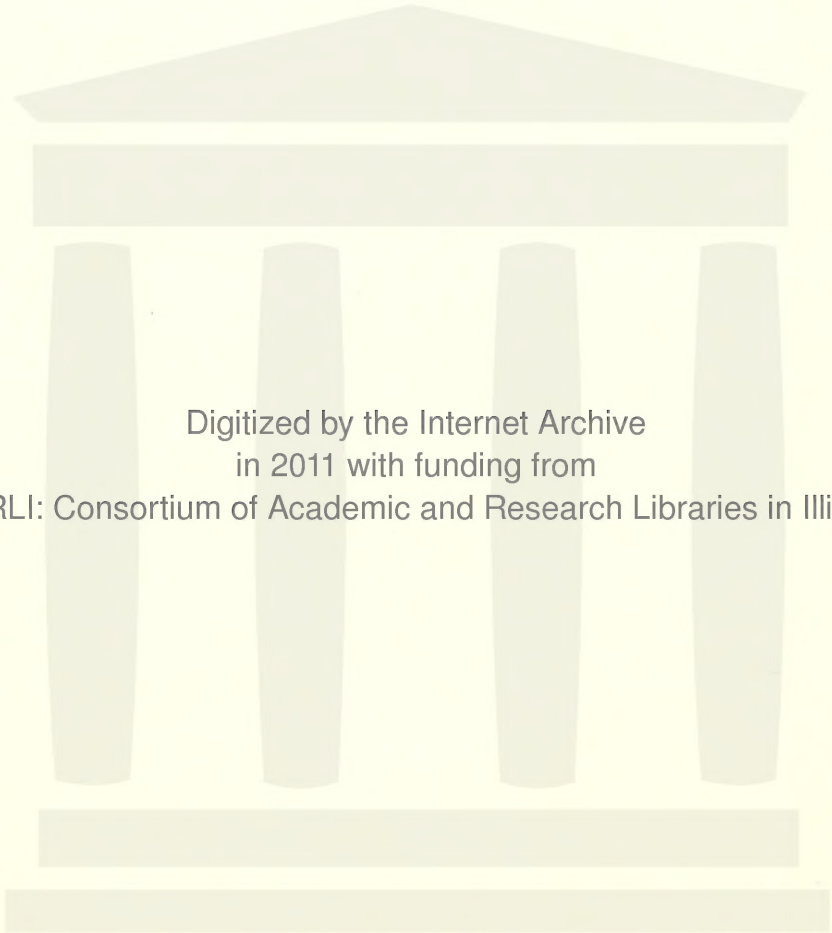

1999

Illinois Register

Rules of Governmental Agencies

Volume 23, Issue 15 — April 09, 1999

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JOINT COMMITTEE ON ADMINISTRATIVE RULES

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Editor's Note: The Cumulative Index and Sections Affected Index will be printed on a quarterly basis. The printing schedule for the quarterly and annual indexes are as follows:

April	17, 1998 - Issue 16: Through	March	31, 1998
July	17, 1998 - Issue 29: Through	June	30, 1998
October	16, 1998 - Issue 42: Through	September	30, 1998
January	15, 1999 - Issue 3: Through	December	31, 1998 (Annual)

INTRODUCTION

The *Illinois Register* is the official state document for publishing public notice of rulemaking activity initiated by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category. The Register also contains a Cumulative Index listing alphabetically by agency the Parts (sets of rules) on which rulemaking activity has occurred in the current Register volume year and a Sections Affected Index listing by Title each Section (including supplementary material) of a Part on which rulemaking activity has occurred in the current volume year. Both indices are action coded and are designed to aid the public in monitoring rules.

Rulemaking activity consists of proposed or adopted new rules; amendments to or repealers of existing rules; and rules promulgated by emergency or peremptory action. Executive Orders and Proclamations issued by the Governor; notices of public information required by State statute; and activities (meeting agendas, Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State agencies; is also published in the Register.

The Register is a weekly update to the *Illinois Administrative Code* (a compilation of the rules adopted by State agencies). The most recent edition of the Code along with the Register comprise the most current accounting of State agencies' rules.

The Illinois Register is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act [5 ILCS 100/1-1 et seq.].

REGISTER PUBLICATION SCHEDULE 1999

Issue #	Copy Due by 4:30 p.m.	Publication Date	Issue #	Copy Due by 4:30 p.m.	Publication Date
Issue 1	December 21, 1998	January 4, 1999 *	Issue 28	June 28	July 9
Issue 2	December 28	January 8	Issue 29	July 6 ***	July 16
Issue 3	January 4, 1999	January 15	Issue 30	July 12	July 23
Issue 4	January 11	January 22	Issue 31	July 19	July 30
Issue 5	January 19	January 29	Issue 32	July 26	August 6
Issue 6	January 25	February 5	Issue 33	August 2	August 13
Issue 7	February 1	February 16	Issue 34	August 9	August 20
Issue 8	February 8	February 19 **	Issue 35	August 16	August 27
Issue 9	February 16 ***	February 26	Issue 36	August 23	September 3
Issue 10	February 22	March 5	Issue 37	August 30	September 10
Issue 11	March 1	March 12	Issue 38	September 7 ***	September 17
Issue 12	March 8	March 19	Issue 39	September 13	September 24
Issue 13	March 15	March 26	Issue 40	September 20	October 1
Issue 14	March 22	April 2	Issue 41	September 27	October 8
Issue 15	March 29	April 9	Issue 42	October 4	October 15
Issue 16	April 5	April 16	Issue 44	October 12 ***	October 22
Issue 17	April 12	April 23	Issue 43	October 18	October 29
Issue 18	April 19	April 30	Issue 44	October 25	November 5
Issue 19	April 26	May 7	Issue 45	November 1	November 12
Issue 20	May 3	May 14	Issue 46	November 8	November 19
Issue 21	May 10	May 21	Issue 47	November 15	November 29 *
Issue 22	May 17	May 28	Issue 48	November 22	December 3
Issue 23	May 24	June 4	Issue 49	November 29	December 10
Issue 24	June 1 ***	June 11	Issue 50	December 6	December 17
Issue 25	June 7	June 18	Issue 51	December 13	December 24
Issue 26	June 14	June 25	Issue 52	December 20	December 31
Issue 27	June 21	July 2	Issue 1	December 27	January 7, 2000

* Monday following a state holiday.
** Tuesday following a state holiday.
*** Since the state holiday is a Monday, the deadline is Noon on Tuesday.

Printed by authority of the State of Illinois
April 1999 – 600 – GA-1223

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Minimum Safety Standards for Transportation of Gas and for Gas Pipeline Facilities

2) Code Citation: 83 Ill. Adm. Code 590

3)

Section Numbers:	Proposed Action:
590.10	Amendment

4) Statutory Authority: Implementing and authorized by Section 3 of the Illinois Gas Pipeline Safety Act [220 ILCS 20/3].

5) A Complete Description of the Subjects and Issues Involved: The Illinois Commerce Commission has amended 83 Ill. Adm. Code 590 to incorporate by reference certain federal safety standards. This complies with Section 3 of the Illinois Gas Pipeline Safety Act [220 ILCS 20/3], which requires the Commission's rules to be as inclusive and as stringent as, and compatible with, the federal safety standards.

Since the last amendment of Part 590 in 1997, the United States Department of Transportation (USDOT) completed a rulemaking that amended its safety standards in 49 CFR 192, 193, and 199, which the Commission has incorporated by reference in Part 590. It is appropriate to initiate rulemaking to incorporate the USDOT amendments into Part 590.

6) Will this proposed amendment replace an emergency amendment currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? Yes

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This proposed amendment neither creates nor expands any state mandate on units of local government, school districts, or community college districts.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments should be filed with:

Donna M. Caton
Chief Clerk
Illinois Commerce Commission
527 East Capitol Avenue
P.O. Box 19280
Springfield IL 62794-9280
(217)782-7434

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENT

Comments should be filed with the Chief Clerk within 45 days after the date of this issue of the *Illinois Register*.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: This rulemaking will affect any operators of the subject facilities that are also small businesses, small municipalities, or not for profit corporations as defined in the Illinois Administrative Procedure Act.

B) Reporting, bookkeeping or other procedures required for compliance: Recordkeeping.

C) Types of professional skills necessary for compliance: Engineering skills.

13) Regulatory Agenda on which this rulemaking was summarized: This amendment was not included on either of the 2 most recent agendas because: the Commission did not foresee the need for this amendment.

The full text of the Proposed Amendment begins on the next page:

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENT

TITLE 83: PUBLIC UTILITIES
CHAPTER I: ILLINOIS COMMERCE COMMISSION
SUBCHAPTER d: GAS UTILITIES

PART 590
MINIMUM SAFETY STANDARDS FOR TRANSPORTATION
OF GAS AND FOR GAS PIPELINE FACILITIES

Section
590.10 Standards

AUTHORITY: Implementing and authorized by Section 3 of the Illinois Gas Pipeline Safety Act [220 ILCS 20/3].

SOURCE: Filed effective November 28, 1977; amended at 3 Ill. Reg. 5, p. 761, effective February 3, 1979; amended at 3 Ill. Reg. 11, p. 25, effective March 17, 1979; amended at 4 Ill. Reg. 1, p. 23, effective January 1, 1980; amended at 5 Ill. Reg. 6778, effective June 16, 1981; rules repealed, new rules adopted and codified at 7 Ill. Reg. 12858, effective September 16, 1983; amended at 8 Ill. Reg. 13195, effective July 16, 1984; amended at 10 Ill. Reg. 19405, effective November 15, 1986; amended at 11 Ill. Reg. 11733, effective July 1, 1987; amended at 12 Ill. Reg. 11707, effective July 15, 1988; recodified from 92 Ill. Adm. Code 1800 at 12 Ill. Reg. 12997; amended at 13 Ill. Reg. 16968, effective November 1, 1989; amended at 14 Ill. Reg. 10018, effective June 15, 1990; amended at 17 Ill. Reg. 12291, effective July 15, 1993; amended at 18 Ill. Reg. 11518, effective July 25, 1994; amended at 19 Ill. Reg. 13549, effective October 1, 1995; amended at 21 Ill. Reg. 8906, effective July 1, 1997; amended at 23 Ill. Reg. _____, effective _____.

Section 590.10 Standards

a) The Illinois Commerce Commission adopts the standards contained in 49 CFR 191.23, 192, 193 and 199 as of January 1, 1999 ~~1997~~, as its minimum safety standards for the transportation of gas and for gas pipeline facilities.

b) No later amendment or editions are incorporated by this Part.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Telephone Assistance Programs

2) Code Citation: 83 Ill. Adm. Code 757

3) Section Numbers: Proposed Action:
757.Exhibit A Amendment
757.Exhibit B Amendment
757.Exhibit C Amendment

4) Statutory Authority: Implementing Sections 13-301 and 13-301.1 and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5/13-301, 13-301.1, and 10-101].

5) A Complete Description of the Subjects and Issues Involved: The Illinois Commerce Commission originally adopted 83 Ill. Adm. Code 757, "Telephone Assistance Programs," in 1989 to aid low-income customers in obtaining and paying for service. Since the original adoption of this Part, the role of the federal government has increased in the funding and operation of these programs. The Federal Communications Commission has made some changes regarding the requirements for participation in the federally funded programs, Lifeline and Link Up. It has become necessary to amend certain forms used in these programs to provide the Commission, the Universal Telephone Service Assistance Program (UTSAP), and the UTSAP Administrator with the end-user participation and the amount of UTSAP reimbursement.

6) Will these proposed amendments replace emergency amendments currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: These proposed amendments neither create nor expand any state mandate on units of local government, school districts, or community college districts.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments should be filed with:

Donna M. Caton
Chief Clerk
Illinois Commerce Commission
527 East Capitol Avenue
P.O. Box 19280
Springfield IL 62794-9280
217/782-7434

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

Comments should be filed with the Chief Clerk within 45 days after the date of this issue of the *Illinois Register*.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: These amendments will affect any participating local exchange carriers that are also small businesses as defined in the Illinois Administrative Procedure Act.

B) Reporting, bookkeeping or other procedures required for compliance: Bookkeeping and filing procedures.

C) Types of professional skills necessary for compliance: Managerial skills.

13) Regulatory Agenda on which this rulemaking was summarized: These amendments were not included on either of the 2 most recent agendas because: The Commission did not foresee the need for these rules.

The full text of the Proposed Amendments begins on the next page:

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

TITLE 83: PUBLIC UTILITIES
CHAPTER I: ILLINOIS COMMERCE COMMISSION
SUBCHAPTER f: TELEPHONE UTILITIES

PART 757
TELEPHONE ASSISTANCE PROGRAMS

SUBPART A: GENERAL PROVISIONS

Section
757.10 Definitions
757.15 Dispute Procedures

SUBPART B: LINK UP PROGRAM

Section
757.100 Link Up Service Requirement
757.105 Link Up Recovery Mechanism
757.110 Link Up Publicity
757.115 Link Up Application Procedure and Processing
757.120 Link Up Filing Requirements
757.125 Link Up Eligibility
757.130 Income Certification

SUBPART C: UNIVERSAL TELEPHONE SERVICE ASSISTANCE PROGRAM

Section
757.200 Service Requirement
757.205 UTSAP Funding
757.210 UTSAP Recovery
757.215 UTSAP Administrator
757.220 UTSAP Contribution Solicitation and Program Publicity
757.225 UTSAP Eligibility
757.230 UTSAP Application Procedure and Processing
757.235 UTSAP Income Certification
757.240 Recertification (Repealed)
757.245 UTSAP Filing Requirements

SUBPART D: STAFF LIAISON

Section
757.300 Staff Liaison

SUBPART E: LIFELINE SERVICE

Section
757.400 Lifeline Service Requirement
757.405 Lifeline Recovery Mechanism

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

757.410 Lifeline Publicity
757.415 Lifeline Application Procedures and Processing
757.420 Lifeline Filing Requirements
757.425 Lifeline Eligibility
757.430 Income Certification and Recertification

EXHIBIT A LEC Quarterly Report to Commission
EXHIBIT B Monthly LEC Waiver Supplemental Assistance ~~Installation--Charge~~ and Contributions Report
EXHIBIT C Quarterly UTSAP Administrator Report to Commission
EXHIBIT D Lifeline Recertification Ineligibility Notice
EXHIBIT E Link Up/Lifeline Programs Certification Form

AUTHORITY: Implementing Sections 13-301 and 13-301.1 and authorized by Section 10-101 of the Public Utilities Act [220 ILCS 5/13-301, 13-301.1, and 10-101].

SOURCE: Adopted at 13 Ill. Reg. 14366, effective October 1, 1989; amended at 14 Ill. Reg. 17923, effective October 15, 1990; emergency repealer at 15 Ill. Reg. 5082, effective March 25, 1991, for a maximum of 150 days; repealed at 15 Ill. Reg. 11929, effective August 12, 1991; adopted at 16 Ill. Reg. 17981, effective December 15, 1992; amended at 20 Ill. Reg. 15257, effective December 1, 1996; emergency amendments at 21 Ill. Reg. 16416, effective December 10, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 8810, effective May 9, 1998; amended at 23 Ill. Reg. _____, effective _____.

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

Exhibit A
Page 1 of 2

LIFELINE, LINK-UP AND
UNIVERSAL TELEPHONE SERVICE ASSISTANCE PROGRAMS
QUARTERLY REPORT TO THE ILLINOIS COMMERCE COMMISSION

Company _____	Date of Submission _____
Mailing Address _____	Data Period: Year _____
	Quarter ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th
Contact Name _____	Type of Filing: ☐ Original ☐ Correction
Telephone _____	

Program	(a) Month	(b) Month	(c) Month	(d) Quarter Totals	(e) Year-to-Date Totals
1.0 LINK-UP - FEDERAL					
1.1 Applications approved					
1.2 Interest waived	$	$	$	$	$
2.0 LINK-UP - UTSAP SUPPLEMENTAL INSTALLATION WAIVER					
2.1 Applications approved					
2.2 Supplemental installation charges waived	$	$	$	$	$
3.0 LIFELINE - FEDERAL					
3.1 Number of customers at end of month					
3.2 Applications approved during the month					
4.0 LIFELINE - UTSAP SUPPLEMENTAL MONTHLY ASSISTANCE					
4.1 Number of customers at end of month	**				
4.2 Applications approved during the month					
4.3 Total Supplemental Monthly Assistance	$	$	$	$	$

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

NOTE: Each Local Telecommunications Carrier must file the original of this Exhibit A with the Chief Clerk of the Illinois Commerce Commission and forward a copy to the UTSAP Administrator and the Staff Liaison within 30 days after the end of each calendar quarter.

** For initial month of this program, include all existing Lifeline customers on this line.

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

~~EXHIBIT A~~
~~Page 1 of 4~~

~~QUARTERLY REPORT TO THE ILLINOIS COMMERCE COMMISSION~~

~~STATUS OF THE LINK UP PROGRAM~~

~~ELIGIBLE TELECOMMUNICATIONS CARRIER:~~ _____

~~FOR CALENDAR QUARTER ENDING:~~ _____

~~MONTH~~	~~APPLICATIONS APPROVED~~	~~INSTALLATION WAIVED~~ ~~Charges~~	~~Interest~~
~~1)~~			
~~2)~~			
~~3)~~			
~~Total~~			
~~Year To Date Total~~			

~~NOTE: Each Eligible Telecommunications Carrier must file the original of this Exhibit A with the Chief Clerk of the Illinois Commerce Commission and forward a copy to the UTSAP Administrator and the Staff Liaison within 30 days after the end of each calendar quarter.~~

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

Exhibit A
Page 2 of 4

QUARTERLY REPORT TO THE ILLINOIS COMMERCE COMMISSION

STATUS OF THE LIFELINE PROGRAM

ELIGIBLE TELECOMMUNICATIONS CARRIER: _____

FOR CALENDAR QUARTER ENDING: _____

MONTH	APPLICATIONS APPROVED	MONTHLY CHARGES WAIVED $5.25
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
Total	_____	_____
Year To Date Total	_____	_____

Note: Each Eligible Telecommunications Carrier must file the original of this Exhibit A with the Chief Clerk of the Illinois Commerce Commission and forward a copy to the UTSAP Administrator and the Staff liaison within 30 days after the end of each calendar quarter.

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

Exhibit A
Page 3 of 4

QUARTERLY REPORT TO THE ILLINOIS COMMERCE COMMISSION

STATUS OF THE UTSAP SUPPLEMENTAL INSTALLATION CHARGE WAIVER

LOCAL EXCHANGE COMPANY: _____

FOR CALENDAR QUARTER ENDING: _____

MONTH	APPLICATIONS APPROVED	ADDITIONAL INSTALLATION CHARGES WAIVED
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
Total	_____	_____
Year To Date	_____	_____

Note: Each Local Exchange Company must file the original of this Exhibit A with the Chief Clerk of the Illinois Commerce Commission and forward a copy to the UTSAP Administrator and the Staff liaison within 30 days after the end of each calendar quarter.

Note: The information supplied under "Additional Installation Charges Waived" should correspond to the information provided on Exhibit B for LECs with more than 35,000 access lines.

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

Exhibit A
Page 24 of 24

QUARTERLY REPORT TO THE ILLINOIS COMMERCE COMMISSION

STATUS OF UTSAP EXPENDITURES

LOCAL EXCHANGE COMPANY: _____

FOR CALENDAR QUARTER ENDING: _____

UTSAP EXPENDITURE REPORT

	Current Quarter	Year to Date*
1. Telecommunications Expenses		
a. Billing and Data Processing	$_____	_____
b. Customer Notification and Bill Inserts	_____	_____
c. Certification Administration (LEC) and Contact Time	_____	_____
(Total of Lines 1-6 below)		
1. Salaries & Fringe Benefits	_____	_____
2. Materials	_____	_____
3. Postage	_____	_____
4. Transportation Expenses	_____	_____
5. Preprinted Forms	_____	_____
6. Other	_____	_____
d. Certification Administration (IDPA/SSI)	_____	_____
e. Service Representative Training	_____	_____
f. Other, please specify	_____	_____
_____		

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

TOTALS	$_____	$_____
Less UTSAP Reimbursement Received	$_____	$_____
BALANCES	$_____	$_____

* Includes Current Quarter

NOTE: Each Local Exchange Company must file the original of this Exhibit A with the Chief Clerk of the Illinois Commerce Commission and forward a copy to the UTSAP Administrator and the Staff Liaison within 30 days after the end of each calendar quarter. **Expenses associated with the Federal Lifeline and Link Up Programs should not be reported on this form.**

LECs shall maintain supporting documentation in such a manner as to be able to readily identify the above expenses in appropriate subaccounts.

Quarterly "Totals" reported on this page should correspond to the sum of the monthly "Administrative Costs" reported on Exhibit B by LECs with over 35,000 access lines.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

Section 757.EXHIBIT B Monthly LEC ~~Waiver~~ Supplemental Assistance ~~Installation Charge~~ and Contributions Report

Exhibit B

Monthly LEC ~~Waiver~~ Supplemental Assistance ~~Installation Charge~~ and Contributions Report

LEC _____

Month _____

Contributions:

a) Total Contributions Billed _____

b) Less Uncollectible Contributions from previous months _____

c) Total Contributions _____

Supplemental Assistance ~~Installation Charges and Costs~~:

a) Total Supplemental ~~Additional~~ Installation Charges ~~Waived~~ (Exhibit A, line 2.2 ~~page 3 of 4~~) _____

b) Total Monthly Supplemental Assistance (Exhibit A, line 4.3) _____

c) Total Supplemental Assistance _____

Amount Due from UTSAP Administrator (Supplemental Assistance exceeds ~~Waivers exceed~~ Contributions) _____

or

Amount to be Remitted to UTSAP Administrator (Contributions exceed Supplemental Assistance ~~Waivers~~) _____

Administrative Costs _____

a) Total UTSAP Expenditures (Exhibit A, ~~page~~ 24 of 24 "Totals") _____

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

Note: Exhibit B is to be forwarded monthly to the UTSAP Administrator by LECs with more than 35,000 access lines and quarterly by LECs with fewer than 35,000 access lines.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

ILLINOIS COMMERCE COMMISSION

NOTICE OF PROPOSED AMENDMENTS

Section 757.EXHIBIT C Quarterly UTSAP Administrator Report to Commission

Exhibit C

Quarterly UTSAP Administrator Report

For Calendar Quarter Ending _____

1. Balance in Pool at Beginning of Quarter _____

   Total Contributions to UTSAP

   a) Billed by LECs _____

   b) Directly to UTSAP Administrator _____

   c) Interest Earned _____

   d) Less Uncollected Contributions _____

2. Total Contributions _____

   Total Costs

   a) LEC Supplemental Installation Charge ~~Waivers~~ _____

   b) LEC Supplemental Monthly Assistance _____

   cb) LEC Administrative Expenses _____

   dc) UTSAP Administrator Expenses _____

3. Total Costs _____

4. Balance in Pool at End of Quarter (Line 1 plus Line 2 minus Line 3) _____

(Source: Amended at 23 Ill. Reg. _____, effective _____)

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Introduction and Definitions

2) Code Citation: 35 Ill. Adm. Code 651

3)

Section Numbers:	Proposed Action:
651.101	Amend
651.102	Amend
651.103	Amend
651.104	Amend

4) Statutory Authority: Implementing and authorized by Sections 14 through 19 of the Environmental Protection Act [415 ILCS 5/14 through 19] and as authorized by P.A. 90-773, effective August 14, 1998.

5) A Complete Description of the Subjects and Issues Involved: The amendments to these rules establish definitions that apply to new public water supplies (PWS) that begin operation after October 1, 1999. Each new PWS must demonstrate technical, managerial, and financial capacity as mandated by the federal Safe Drinking Water Act (42 USC 300f (1996)) and Section 15 of the Illinois Environmental Protection Act [415 ILCS 5/15]. Additionally, these amendments update the introduction and definitions in Sections 651.101 and 651.102. References to 35 Ill. Adm. Code 651 through 654 are clarified.

6) Will this proposed amendments replace an emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a mandate under Section 3 of the State Mandates Act [30 ILCS 805/3].

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Written comments may be submitted within 45 days after the publication of this notice to:

Lou Allyn Byus, Assistant Manager
Field Operations Section
Division of Public Water Supplies
Illinois Environmental Protection Agency
1021 North Grand Avenue East, P.O. Box 19276
Springfield IL 62794-9276
(217) 782-1020

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PROPOSED AMENDMENTS

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: These amendments introduce definitions which will affect small businesses, small municipalities, and not-for-profit corporations to the extent that these entities design, operate, or maintain a public water supply or engage in the permitting process. The Illinois EPA anticipates that the rules will generally benefit these entities by clarifying the requirements for facility operations and permits. The rules may impose additional reporting requirements.

B) Reporting, bookkeeping or other procedures required for compliance: These amendments introduce definitions which will require the new PWS to formalize basic operation procedures and technical processes. While an initial burden will be imposed, the new PWS will use these system capacity documents for compliance purposes thereafter.

C) Types of professional skills necessary for compliance: These amendments introduce definitions which do not per se require additional skills. The focus is on the creation of operational documentation and management skills to facilitate compliance with State and federal drinking water standards.

13) Regulatory Agenda on which this rulemaking was summarized: January 1999

The full text of the Proposed Amendment begins on the next page:

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PROPOSED AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE F: PUBLIC WATER SUPPLIES
CHAPTER II: ENVIRONMENTAL PROTECTION AGENCY

PART 651
INTRODUCTION AND DEFINITIONS

Section
651.101 Introduction to Agency Rules for Public Water Supplies ~~Technical Policy Statements~~
651.102 Definitions
651.103 Other Terms
651.104 Metric System

AUTHORITY: Implementing and authorized by Sections 14 through 19 of the Environmental Protection Act [415 ILCS 5/14 through 19] (see P.A. 90-773).

SOURCE: Adopted December 30, 1974; amended at 2 Ill. Reg. 51, p. 219, effective December 17, 1978; rules repealed and new rules adopted and codified at 8 Ill. Reg. 8450, effective June 5, 1984; amended at 23 Ill. Reg. _____, effective _____.

Section 651.101 Introduction to Agency Rules for Public Water Supplies ~~Technical Policy Statements~~

The Agency Rules for Public Water Supplies ~~These Technical Policy Statements~~ included in 35 Ill. Adm. Code ~~Parts~~ 651 through 654 define the design, operational, and maintenance criteria established by the Agency pursuant to 35 Ill. Adm. Code 602.115 for ~~and explain administrative procedures and provide information to~~ owners, operators and official custodians of community water supplies. The design, ~~Design and~~ operational, and maintenance criteria are defined and established ~~explained~~ for persons involved in the design, construction, maintenance or operation of community water supplies. Adoption of any amendment or substantive change to Agency Rules for Public Water Supplies must be in compliance with the provisions of the Illinois Administrative Procedure Act [5 ILCS 100]. ~~The review of permit applications and other technical documents involves engineering judgement. These Technical Policy Statements outline the factors on which this judgement shall be based.~~

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 651.102 Definitions

In addition to these definitions, all definitions of the Illinois Environmental Protection Act [415 ILCS 5] and 35 Ill. Adm. Code 601 and 611 shall apply to the Agency Rules for Public Water Supplies ~~these Technical Policy Statements~~.

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"Act" means the Illinois Environmental Protection Act [415 ILCS 5].

"Agency" means the Illinois Environmental Protection Agency.

"Air gap" means the unobstructed vertical distance through the free atmosphere between the water discharge point and the flood level rim of the receptacle.

"Atmospheric vacuum breaker" means a device designed to admit atmospheric pressure into a piping system whenever a vacuum is caused on the upstream side of the device.

"AWWA Standards" means those standards published by the American Water Works Association as of May 1984.

"Board" means the Illinois Pollution Control Board.

"Capacity" means the ability to plan for, achieve and maintain compliance with applicable drinking water standards. Capacity has three components: technical, managerial and financial. Adequate capability in all three areas is necessary for a system to have "capacity".

"Capacity development" is the process of water systems acquiring and maintaining adequate technical, managerial, and financial capabilities to consistently provide safe drinking water. The federal Safe Drinking Water Act amendments of 1996 provide a framework for states and water systems to work together to ensure that systems acquire and maintain the technical, managerial and financial capacity needed to meet the Act's public health protection objectives. The definitions of technical, managerial, and financial capacities are as follows:

"Technical capacity" means the physical and operational ability of a water system to achieve and maintain federal drinking water requirements and State drinking water requirements as described in the Act and 35 Ill. Adm. Code: Subtitle F, Chapters I and II. Technical capacity means the physical infrastructure of the water system and includes but is not limited to adequacy of source water and treatment, storage and distribution components, as well as the ability of system personnel to adequately operate and maintain the system.

"Managerial capacity" means the ability of a water system to conduct its business in a manner that enables the system to achieve and maintain compliance with federal drinking water requirements and State drinking water requirements as described in the Act and 35 Ill. Adm. Code: Subtitle F, Chapters I and II. Managerial capacity includes the system's institutional and

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administrative capabilities, and is assessed using data documenting ownership accountability, staffing and organization, and effective external linkages with water customers, external resource agencies, and regulators.

"Financial capacity" means the ability of a water system to acquire and manage sufficient financial resources to enable the system to achieve and maintain compliance with federal drinking water requirements and State drinking water requirements as described in the Act and 35 Ill. Adm. Code: Subtitle F, Chapters I and II. Financial capacity includes revenue sufficiency, credit worthiness, and use of budgeting, accounting, and financial planning practices, as well as documentation of financial management through record keeping and revenue management.

"Chlorine" --

"Chlorine demand" means the difference between the amount of chlorine applied to a given water and the amount of total available chlorine remaining at the end of the contact period. All test conditions (contact time, pH and temperature) shall be given in expressing the chlorine demand in a given water.

"Combined chlorine" means the reaction product formed when chlorine has reacted with ammonia to form chloramines.

"Free chlorine" means the residual chlorine existing in water as the sum of hypochlorous acid and hypochlorite ion.

"Total chlorine" means the sum of the free chlorine and the combined chlorine.

"Cross-connection" --

"Cross-connection" means any physical connection or arrangement between two otherwise separate piping systems, one of which contains potable water and the other contains water of unknown or questionable safety or steam, gases or chemicals, if ~~whereby~~ there may be a flow from one system to the other.

"Direct cross-connection" means a cross-connection formed when a water system is physically joined to a source of unknown or unsafe substance.

"Indirect cross-connection" means a cross-connection formed when an unknown substance can be forced, drawn by vacuum or otherwise introduced into a safe water system.

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"DPD method" means an analytical method for determining chlorine residual utilizing the reagent DPD (n-diethyl-p-phenylenylenediamine).

"Effective external linkage" is the ability of a water system to communicate and exchange information with water customers, regulators, technical and financial assistance organizations, and other entities that routinely interact with the water system.

"Infrastructure" means all mains, pipes including water service lines, and structures through which water is obtained and distributed to the public, including wells and well structures, intakes and cribs, pumping stations, treatment plants, reservoirs, storage tanks and appurtenances, collectively or severally, actually used or intended to be used for the purpose of furnishing water for drinking or general domestic use.

"Interconnection" means a physical connection between two or more community water supply systems.

"New public water supply" (new PWS) means, beginning after October 1, 1999, all new community water supplies and new non-transient non-community water supplies and those water supplies that expand their infrastructure to serve or intend to serve at least 25 persons at least 60 days per year. Any water system not currently PWS that adds persons without constructing additional infrastructure will become a PWS, but will not be required to demonstrate capacity under 35 Ill. Adm. Code 652.701 unless the PWS is on restricted status as required by 35 Ill. Adm. Code 602.106.

"Properly certified operator" means an operator certified in accordance with the Public Water Supply Operations Act [415 ILCS 45] ~~Ill. Rev. Stat. 1983, ch. 111 1/2, pars. 501 et seq~~.

"Public Water Supply" (PWS) means all mains, pipes and structures through which water is obtained and distributed to the public, including wells and well structures, intakes and cribs, pumping stations, treatment plants, reservoirs, storage tanks and appurtenances, collectively or severally, actually used or intended for use for the purpose of furnishing water for drinking or general domestic use and which serve at least 15 service connections or which regularly serve at least 25 persons at least 60 days per year. (Section 3.28 of the Act)

"Satellite supply" means any community water supply that ~~which~~:

purchases all finished water from another community water supply;

does not provide any treatment other than chlorination; and

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distributes finished water to the consumers.

"Standards" means the Recommended Standards for Water Works as adopted by the Great Lakes-Upper Mississippi River Board of State Sanitary Engineers, 1982 edition.

"Water Service Lines" means any pipe from the water main or source of potable water supply that serves or is accessible to not more than one property, dwelling, or rental unit of the user. Each water service line must also meet the applicable requirements of 35 Ill. Adm. Code 651 through 654 and the applicable requirements of the Illinois Plumbing Code (77 Ill. Adm. Code 890).

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 651.103 Other Terms

Terms used in the Agency Rules for Public Water Supplies ~~Technical Policy Statements~~ and not specifically defined in Section 651.102 are in accordance with the Glossary-Water and Wastewater Control Engineering published jointly by the American Public Health Association, the American Society of Civil Engineers, the American Water Works Association and the Water Pollution Control Federation, 1981 edition.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 651.104 Metric System

Although English measurements are used throughout the Agency Rules for Public Water Supplies ~~these Technical Policy Statements~~, equivalent measurements in the metric system are acceptable.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

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1) Heading of the Part: Permits

2) Code Citation: 35 Ill. Adm. Code 652

3)

Section Numbers:	Proposed Action:
652.111	Amended
652.401	Amended
652.701	New
652.702	New

4) Statutory Authority: Implementing and authorized by Sections 14 through 19 of the Environmental Protection Act [415 ILCS 5/14 through 19] and as authorized by P.A. 90-773, effective August 14, 1998.

5) A Complete Description of the Subjects and Issues Involved: The new Sections to these rules establish the requirement of new public water supplies (PWS) that begin operation after October 1, 1999. Each new PWS must demonstrate technical, managerial, and financial capacity as mandated by the federal Safe Drinking Water Act (42 USC 300f (1996)) and Section 15 of the Illinois Environmental Protection Act [415 ILCS 5/15].

6) Will this proposed amendments replace an emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a mandate under Section 3 of the State Mandates Act [30 ILCS 805/3].

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Written comments may be submitted within 45 days after the publication of this notice to:

Lou Allyn Byus, Assistant Manager
Field Operations Section
Division of Public Water Supplies
Illinois Environmental Protection Agency
1021 North Grand Avenue East, P.O. Box 19276
Springfield IL 62794-9276
(217) 782-1020

12) Initial Regulatory Flexibility Analysis:

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A) Types of small businesses, small municipalities and not for profit corporations affected: This rulemaking will affect small businesses, small municipalities, and not-for-profit corporations to the extent that these entities design, operate, or maintain a public water supply or engage in the permitting process. The Illinois EPA anticipates that the rules will generally benefit these entities by clarifying the requirements for facility operations and permits. The rules may impose additional reporting requirements.

B) Reporting, bookkeeping or other procedures required for compliance: This rulemaking will require the new PWS to formalize basic operation procedures and technical processes. While an initial burden will be imposed, the new PWS will use these system capacity documents for compliance purposes thereafter.

C) Types of professional skills necessary for compliance: The skills required by this rulemaking do not per se require additional skills. The focus is on the creation of operational documentation and management skills to facilitate compliance with State and federal drinking water standards.

13) Regulatory Agenda on which this rulemaking was summarized: January 1999

The full text of the Proposed Amendments begin on the next page.

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TITLE 35: ENVIRONMENTAL PROTECTION
SUBTITLE F: PUBLIC WATER SUPPLIES
CHAPTER II: ENVIRONMENTAL PROTECTION AGENCY

PART 652
PERMITS

SUBPART A: CONSTRUCTION PERMITS

Section
652.101 Construction Permit Requirements
652.102 Submission of Plans and Specifications
652.103 Preliminary Plans
652.104 Supporting Data for Construction Permit Applications
652.105 Plans - General Layout
652.106 Specifications
652.107 Revisions to Plan Documents
652.108 Alterations
652.109 Filing of Applications and Final Action by Agency
652.110 Permit Application Review
652.111 Standards for Issuance
652.112 Duration of Permits
652.113 Permit Limitations
652.114 Right of Inspection

SUBPART B: OPERATING PERMITS

Section
652.201 Operating Permit Requirements
652.202 Certified Operator or Registered Person
652.203 Projects Requiring Disinfection
652.204 Projects Not Requiring Disinfection
652.205 Partial Operating Permits

SUBPART C: EMERGENCY PERMITS

Section
652.301 Permits Under Emergency Conditions

SUBPART D: RESTRICTED STATUS AND CRITICAL REVIEW

Section
652.401 Basis of Restricted Status and Critical Review
652.402 Notification of Restricted Status or Critical Review Status

SUBPART E: ALGICIDE PERMITS

Section

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652.501 Algicide Permit Requirements
652.502 Permit Applications
652.503 Sampling

SUBPART F: AQUATIC PESTICIDE PERMITS

Section
652.601 Aquatic Pesticide Permit Requirements
652.602 Permit Application Contents
652.603 Permits Under Public Health Related Emergencies
652.604 State Agency Programs
652.605 Extension of Permit Duration

SUBPART G: PUBLIC WATER SUPPLY CAPACITY

Section
652.701 System Capacity
652.702 Supporting Data for Public Water Supply Capacity Demonstration

AUTHORITY: Implementing and authorized by Sections 14 through 19 of the Illinois Environmental Protection Act [415 ILCS 5/14 through 19] (see PA 90-773).

SOURCE: Adopted December 30, 1974; amended at 2 Ill. Reg. 51, p. 219, effective December 17, 1978; rules repealed and new rules adopted and codified at 5 Ill. Reg. 2705, effective March 4, 1981; rules repealed and new rules adopted and codified at 8 Ill. Reg. 8455, effective June 5, 1984; amended at 23 Ill. Reg. _____, effective _____.

SUBPART A: CONSTRUCTION PERMITS

Section 652.111 Standards for Issuance

a) The Agency shall issue a construction permit if documents show that:
   1) the community water supply will be constructed, modified or operated so that it will not cause a violation of the Illinois Environmental Protection Act [415 ILCS 5] ~~(the Act)~~ or 35 Ill. Adm. Code: Subtitle F, Chapter I;
   2) construction will be in accordance with the ~~these~~ Agency Rules for Public Water Supplies (35 Ill. Adm. Code 651 through 654) ~~Technical---Policy--Statements,~~ and the American Water Works Association (AWWA) Standards ~~and the Standards~~; and
   3) notification of ownership pursuant to 35 Ill. Adm. Code 603.101 is on file.
b) In case of conflict among the documents in (a)(2) above, the Agency Rules for Public Water Supplies ~~these--Technical--Policy--Statements~~ shall be complied with.
c) The existence of a violation of the Act or a regulation will not

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prevent the issuance of a construction permit if:

1) the applicant has been granted a variance from the regulation by the ~~Illinois Pollution Control~~ Board;
2) the permit is for construction or installation of equipment to alleviate or correct a violation; or
3) the permit application is for a water main extension to serve existing residences or commercial facilities where the permit applicant can show that those residences or commercial facilities are being served by a source of water of a quality or quantity which violates the finished water standards of 35 Ill. Adm. Code 611 ~~604~~.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

SUBPART D: RESTRICTED STATUS AND CRITICAL REVIEW

Section 652.401 Basis of Restricted Status and Critical Review

Pursuant to Section 39(a) of the ~~Environmental Protection~~ Act and 35 Ill. Adm. Code ~~Section~~ 652.111, the Agency shall not issue permits for water main extension construction where the water mains would extend an existing violation of the Environmental Protection Act, 35 Ill. Adm. Code: Subtitle F, Chapter I, or the ~~these~~ Agency Rules for Public Water Supplies ~~"Technical Policy Statements~~.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

SUBPART G: PUBLIC WATER SUPPLY CAPACITY

Section 652.701 System Capacity

Beginning after October 1, 1999, all new public water supplies must demonstrate technical, financial, and managerial capacity to ensure compliance with the applicable federal and State drinking water standards of 35 Ill. Adm. Code: Subtitle F, Chapters I and II. The owner of the public water supply is responsible for demonstrating and maintaining capacity. Technical, financial, and managerial capacity shall be based on the following criteria:

a) "Technical capacity" means the physical and operational ability of a water system to achieve and maintain federal drinking water requirements and State drinking water requirements as described in the Act and 35 Ill. Adm. Code: Subtitle F, Chapters I and II. Technical capacity means the physical infrastructure of the water system and includes but is not limited to adequacy of source water and treatment, storage and distribution components, as well as the ability of system personnel to adequately operate and maintain the system.
b) "Managerial capacity" means the ability of a water system to conduct its business in a manner that enables the system to achieve and maintain compliance with federal drinking water requirements and State drinking water requirements as described in the Act and 35 Ill. Adm. Code: Subtitle F, Chapters I and II. Managerial capacity includes the system's institutional and administrative capabilities, and is assessed using data documenting ownership accountability, staffing and organization, and effective external linkages with customers, external resource agencies, and regulators.
c) "Financial capacity" means the ability of a water system to acquire and manage sufficient financial resources to enable the system to achieve and maintain compliance with federal drinking water requirements and State drinking water requirements as described in the Act and 35 Ill. Adm. Code: Subtitle F, Chapters I and II. Financial capacity includes revenue sufficiency, credit worthiness, and use of budgeting, accounting, and financial planning practices, as well as documentation of financial management through record keeping and revenue management.

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Section 652.702 Supporting Data for Public Water Supply Capacity Demonstration

Each public water supply subject to the capacity requirements shall demonstrate technical capacity, managerial capacity, and financial capacity by submission of the following compliance records to the Agency.

a) For technical capacity, each public water supply must demonstrate the following:
   1) compliance with the standards for design, construction, and operation of public water supplies as required by 35 Ill. Adm. Code 602 and 651 through 654;
   2) selection of a source that is economically reasonable, reliable and adequate in quantity; and technically treatable to meet all proposed and existing State and federal drinking water standards, based upon an evaluation of potential sources of potable water;
   3) compliance with the ownership, certified operator, and responsible operator rules of 35 Ill. Adm. Code 603; and
   4) compliance with the applicable federal and State drinking water standards of 35 Ill. Adm. Code: Subtitle F, Chapters I and II.
b) Each public water supply must demonstrate managerial capacity by providing the following:
   1) an organizational chart of the system that identifies responsible personnel, including both management and operational personnel;
   2) an operational management plan that:
      A) describes operating procedures;
      B) identifies the personnel responsible for operation and management of the system;
      C) includes a description of the process to be used to identify and implement changes to current procedures; and
      D) identifies the process to be used to ensure that changes in responsible personnel are reported and implemented;

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3) an emergency management plan that includes:
   A) identification of potential natural and human-caused risks to the water system;
   B) identification of personnel responsible for response actions, notification procedures, and public/press relations; and
   C) measures for averting or avoiding emergencies and the means for implementing the emergency response plan; and
4) a training plan that assures on-going training participation by all personnel.

c) Each public water supply must demonstrate financial capacity by submitting the following:
   1) a budget developed for a five year period that includes, at a minimum, revenue income, operating expenses, capitalization expenses, reserves, capital improvements, and an emergency reserve fund;
   2) a description of income, investment and disbursement procedures and fiscal management reports that ensure adequate fiscal management; and
   3) a financial plan that projects growth, potable water demands, and regulatory compliance.

(Source: Added at 23 Ill. Reg. _____, effective _____)

DEPARTMENT OF INSURANCE

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Accelerated Life Benefit/Terminal Illness/Qualified Conditions

2) Code Citation: 50 Ill. Adm. Code 1407

3)

Section Numbers:	Proposed Action:
1407.10	Amendment
1407.20	Amendment
1407.30	Amendment
1407.40	Amendment
1407.50	Amendment
1407.60	Renumbered, New
1407.70	Renumbered, Amended

4) Statutory Authority: Implementing and authorized by Section 4 of the Illinois Insurance Code [215 ILCS 5/4] (see P.A. 90-741, effective August 13, 1998).

5) A Complete Description of the Subjects and Issues Involved: These amendments will revise the definition of "Qualified Covered Condition" in Section 1407.20, pursuant to P.A. 90-741. The accelerated benefit is being changed from 25% to 75% of the face amount of the policy.

The definition of "Terminal Illness" is also being revised to be consistent with the definition of "Terminal Illness" in Section 101(g)(4) of the United States Internal Revenue Code (26 USCS 101(g)(4)).

And finally, a new Section is being added to this Part which contains actuarial standards. The Department has added this Section and made other minor housekeeping changes to make our rule consistent with the current NAIC model on accelerated benefits.

6) Will this proposed amendment replace an emergency rule currently in effect? No

7) Does this amendment contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This rule will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Persons who wish to comment on this proposed rulemaking may submit written comments no later than 45 days after the

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publication of this Notice to:

Cindy Stephenson	or	Denise Hamilton
Staff Attorney		Rules Unit Supervisor
Department of Insurance		Department of Insurance
320 West Washington		320 West Washington
Springfield, Illinois 62767-0001		Springfield, Illinois 62767-0001
217-782-2867		217-785-8560

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent agendas because: The changes were not anticipated.

The full text of the Proposed Amendment begins on the next page:

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TITLE 50: INSURANCE
CHAPTER I: DEPARTMENT OF INSURANCE
SUBCHAPTER s: LEGAL RESERVE LIFE INSURANCE

PART 1407
ACCELERATED LIFE BENEFIT/TERMINAL ILLNESS/QUALIFIED CONDITIONS

Section
1407.10 Purpose and Applicability
1407.20 Definitions
1407.30 Form Requirements
1407.40 Standards for Claims Payment
1407.50 Required Disclosure Provisions
1407.60 Actuarial Standards ~~Reserves~~
1407.70 Actuarial Disclosure and Reserves

AUTHORITY: Implementing and authorized by Section 4 of the Illinois Insurance Code [215 ILCS 5/4] (see P.A. 90-741, effective August 13, 1998).

SOURCE: Adopted at 15 Ill. Reg. 8872, effective June 7, 1991; amended at 22 Ill. Reg. 16462, effective September 1, 1998; amended at 23 Ill. Reg. _____, effective _____.

Section 1407.10 Purpose and Applicability

The purpose of this Part is to regulate accelerated benefit provisions in individual and group life insurance policies, contracts, riders, endorsements or amendments and to provide required standards of disclosure. This Part is not applicable to long-term care ~~long-Term-Care~~ policies, contracts, riders, endorsements or amendments subject to the provisions of Article XIXA of the Illinois Insurance Code [215 ILCS 5/ Art. XIXA ~~351A-1~~] or to long-term care partnership policies subject to provisions of the Partnership for Long-Term Care Act [320 ILCS 35].

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 1407.20 Definitions

Accelerated Benefits means amounts payable in advance of the time life insurance benefits would otherwise be payable because of the occurrence of a terminal illness or a qualified covered condition.

Qualified Actuary means a person that meets the requirements of 50 Ill. Adm. Code 1408.40(b) 920.

Qualified Covered Condition means, but is not limited to, any one of the separate covered conditions as set forth in Section 4, Class 1(a)

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of the Illinois Insurance Code [215 ILCS 5/4] the occurrence of which may result in the payment of an accelerated benefit of up to 75% ~~25%~~ of the face amount of the policy.

Terminal Illness means a medical condition which, in the opinion of a physician who is licensed to practice medicine in all of its branches, would generally result in the insured's death within ~~a period not to exceed~~ 24 months, or any condition which requires continuous confinement in an eligible institution as defined by the contract if the insured is expected to remain there until death.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 1407.30 Form Requirements

No policies, contracts, riders, endorsements or amendments which provide for accelerated benefits may be issued for delivery in this State unless they meet the following requirements.

a) General Standards and Practices

1) The name given to the coverage must be descriptive of the coverage provided and the terminology "accelerated benefit" shall be included in the descriptive title. Products regulated under this Part shall not be described or marketed as long-term care insurance, or as providing long-term care benefits, or as long-term care partnership insurance.

2) The death benefit net of any outstanding policy loans shall not be reduced more than the amount of the accelerated benefits and any applicable accrued interest, or any applicable actuarial present value discount appropriate to the policy design.

3) The renewability and cost of any accelerated benefit life insurance policy must be guaranteed for the term of the policy or rider. This requirement will not apply to coverage in which the insurer pays the present value of the life insurance face amount based on an applicable actuarial discount. The requirements of this subsection are not applicable to group insurance.

~~4) The insurer may pay a present value of the face amount. The calculation shall be based on any applicable actuarial discount appropriate to the policy design. The interest rate or interest rate methodology used in the calculation shall be based on sound actuarial principles and disclosed in the contract or actuarial memorandum. The maximum interest rate used shall be no greater than the greater of:~~

~~A) The current yield on 90 day treasury bills; or~~

~~B) The current maximum policy loan interest rate.~~

~~5) The insurer may accrue an interest charge on the amount of the accelerated benefits. The interest rate or interest rate methodology used in the calculation shall be based on sound~~

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~~actrarial principles and disclosed in the policy or actuarial memorandum. The maximum interest rate used shall be no greater than the greater of:~~

~~A) The current yield on 90 day treasury bills; or~~

~~B) The current maximum policy loan interest rate.~~

~~6) The interest rate accrued on the portion of the lien which is equal in amount to the cash value of the policy at the time of the benefits acceleration shall be no more than the policy loan interest rate stated in the policy.~~

b) Filing Requirements

1) All policy forms and certificate forms pertaining to an accelerated benefit shall be filed with the Department of Insurance for its review and approval pursuant to 50 Ill. Adm. Code 916 prior to their use in this State.

2) If the filing is other than a policy or contract, the insurer shall provide the form number of the policy or contract form or forms with which the accelerated benefit filing is to be used.

3) If a form provides for a reduction in policy values following payment of the accelerated benefit, the insurer shall provide the Department with an actuarial explanation of the policy value reductions and the remaining premium, if any.

4) The insurer shall file with the Department the disclosure statements it will utilize to comply with Section 1407.50 of this Part.

5) Concurrently with the accelerated benefit policy form filing required by this Section, the insurer shall file the an actuarial memorandum required by Section 1407.70 of this Part ~~prepared by a qualified actuary that describes the accelerated benefit(s), the risks, the expected costs and the calculation of statutory reserves in compliance with applicable valuation and nonforfeiture law. [215 ILCS 5/223 and 229.2]. The insurer shall maintain in its files descriptions of the bases and procedures used to calculate its accelerated benefit provisions.~~

c) Effective Date of the Accelerated Benefits. The accelerated benefit provision shall be effective for accidents on the effective date of the policy or rider. The accelerated benefit provision shall be effective for illness no more than 30 days following the effective date of the policy or rider.

d) Waiver of Premiums. The insurer may offer a waiver of premium for the accelerated benefit provision in the absence of a regular waiver of premium provision being in effect. At the time the benefit is claimed, the insurer shall explain any continuing premium requirement to keep the policy in force.

e) Discrimination. An insurer shall not unfairly discriminate among insureds with differing qualifying events covered under the policy or among insureds with similar qualifying events covered under the policy. An insurer shall not apply further conditions on the payment of the accelerated benefits other than those conditions specified in

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the policy or rider.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 1407.40 Standards for Claims Payment

a) Before payment of any benefits the insurer may require medical evidence of the terminal illness or qualified condition, including clinical, radiological, histological or laboratory evidence of the condition. Insurers shall evaluate the medical evidence and may order their own medical examinations.

~~b) Settlement options may include one or a combination of:~~

~~1) Lump sum payments.~~

~~2) Payments of proceeds in installments.~~

~~3) Any other form of payment upon which the policy owner and the insurer may agree.~~

b)~~c)~~ Prior to payment of the accelerated benefit, the insurer is required to obtain from an assignee or irrevocable beneficiary a signed acknowledgement of concurrence for payout. If the insurer making the accelerated benefit is itself the assignee under the policy, no acknowledgement is required. ~~the policyowner or certificateholder and any irrevocable beneficiary must give their written consent to this accelerated transaction.~~

c) Lump Sum Settlement Option Required. Contract payment options shall include the option to take the benefit as a lump sum. The benefit shall not be made available as an annuity contingent upon the life of the insured.

d) Restrictions on Use of Proceeds. No restrictions are permitted on the use of the proceeds.

e) Accidental Death Benefit Provision. If any death benefit remains after payment of an accelerated benefit, the accidental death benefit provisions, if any, in the policy or rider shall not be affected by the payment of the accelerated benefit.

f) The insurer shall maintain in its files descriptions of the bases and procedures used to calculate benefits payable under these provisions. These descriptions shall be made available for examination by the Director upon request.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 1407.50 Required Disclosure Provisions

Solicitations:

a) If there is a premium or cost of insurance charge ~~assessed~~, the insurer shall give the applicant a generic ~~an~~ illustration numerically demonstrating any ~~the~~ effect of the payment of the accelerated benefit on the policy's cash value, accumulation account, death benefit, premium, policy loans and policy liens.

1) In the case of producer solicited insurance, the producer shall provide the illustration to the applicant prior to or concurrently with the application.

2) In the case of direct mail solicitations, the insurer shall provide the illustration to the applicant at the time the policy is delivered.

3) Information on the policy or certificate values shall be furnished by the company upon the request of the policyowner ~~policy owner~~ or certificateholder ~~certificate holder~~.

4) In the case of group insurance policies, the disclosure form shall be contained as part of the certificate of coverage or any related document furnished by the insurer for the certificateholder.

b) A written disclosure including, but not limited to, a brief description of the accelerated benefit and definitions of the conditions or occurrences triggering payment of the benefits and an explanation of any effect of the payment of a benefit on the policy's cash value, accumulation account, death benefit, premium, policy loans and policy liens shall be provided the applicant in the following manner:

1) In the case of producer solicited insurance, the producer shall provide the disclosure form to the applicant prior to or concurrently with the application. Acknowledgement of the disclosure shall be signed by the applicant and the writing producer, if any.

2) In the case of direct mail solicitations, the insurer shall provide the disclosure form to the applicant at the time the policy is delivered, with a notice that a full premium refund shall be received ~~made~~ if the policy is returned to the insurer within 30 days after ~~of~~ the initial receipt of the policy by the applicant.

3) Information on the policy values shall be furnished by the company upon the request of the policyholder or certificateholder.

4) In the case of group insurance policies, the disclosure form shall be contained as part of the certificate of coverage or any related document furnished by the insurer for the certificateholder.

c) Tax Consequences. A disclosure statement is required at the time of application for the policy, rider or certificate and at the time the accelerated benefit payment request is submitted indicating that receipt of these accelerated benefits may be taxable, and assistance should be sought from a personal tax advisor. The disclosure statement shall be prominently displayed on the first page of the policy or rider and any other related documents.

d) Effect of the Benefit Payment. When a policyowner or

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certificateholder requests an acceleration, the insurer shall send a written statement to the policyowner or certificateholder and any irrevocable beneficiary which demonstrates any effect that the payment of the accelerated benefit will have on the policy's cash value, face value accumulation account, death benefit, premium, policy loans and policy liens. The statement shall disclose that receipt of accelerated benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements. In addition, receipt of an accelerated benefit payment may be taxable and assistance should be sought from a personal tax advisor. When a previous disclosure statement becomes invalid as a result of an acceleration of the death benefit, the insurer shall send a revised disclosure statement to the policyowner or certificateholder and irrevocable beneficiary. When the insurer agrees to accelerate death benefits, the insurer shall issue an amended schedule page to the policyholder or notify the certificateholder under a group policy to reflect any new, reduced in-force face amount of the contract.

e) Disclosure of Administrative Expense Charge. The insurer shall disclose to the policyowner any administrative expense charge. The insurer shall make a reasonable effort to assure that the certificateholder is aware of any administrative expense charge if the certificateholder is required to pay the charge. However, in no event shall the administrative expense charge exceed $250.

~~e) When the insurer pays an accelerated benefit, it shall issue a new or amended schedule page to the policy to reflect any new or reduced in-force face amount of the policy.~~

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 1407.60 Actuarial Standards

a) Financing Options

1) The insurer may require a premium charge or cost of insurance charge for the accelerated benefit. In the case of group insurance, the additional cost may also be reflected in the experience rating. This premium charge or cost of insurance charge shall be based on:

A) Either:

i) The current yield on 90-day treasury bills; or

ii) The current maximum statutory adjustable policy loan interest rate; and

B) The reasonable estimates of incidence rates.

2) The insurer may pay a present value of the face amount. The calculation shall be based on any applicable actuarial discount appropriate to the policy design. The interest rate or interest rate methodology used in the calculation shall be reasonable and shall be disclosed in the contract or actuarial memorandum. The

maximum interest rate used shall be no greater than the greater of:

A) The current yield on 90-day treasury bills; or

B) The current maximum statutory adjustable policy loan interest rate.

3) The insurer may accrue an interest charge on the amount of the accelerated benefits. The interest rate or interest rate methodology used in the calculation shall be reasonable and shall be disclosed in the contract or actuarial memorandum. The maximum interest rate used shall be no greater than the greater of:

A) The current yield on 90-day treasury bills; or

B) The current maximum statutory adjustable policy loan interest rate.

The interest rate accrued on the portion of a lien described in subsection (b)(2) of this Section that is equal in amount to the cash value of the contract at the time of the benefit acceleration shall be no more than the policy loan interest rate stated in the contract.

b) Effect on Cash Value

1) Except as provided in subsection (b)(2) of this Section, when an accelerated benefit is payable, there shall be no more than a pro rata reduction in the cash value based on the percentage of death benefits accelerated to produce the accelerated benefit payment.

2) Alternatively, the payment of accelerated benefits, any administrative expense charges, any future premiums and any accrued interest can be considered a lien against the death benefit of the policy or rider. The access to the cash value may be restricted to any excess of the cash value over the sum of any other outstanding policy loans and lien(s). Future access to additional policy loans could also be limited to any excess of the cash value over the sum of the liens and any other outstanding policy loans.

c) Effect of Any Outstanding Policy Loans on Accelerated Death Benefit Payment. When payment of an accelerated benefit results in a pro rata reduction in the cash value, the payment may not be applied toward repaying an amount greater than a pro rata portion of any outstanding policy loans.

(Former Section 1407.60 renumbered to Section 1407.70 and new Section 1407.60 added at 23 Ill. Reg. _____, effective _____)

Section 1407.7060 Actuarial Disclosure and Reserves

a) Actuarial Memorandum. Concurrently with the accelerated benefit policy form filing required by this Part, each insurer shall file with the Director an actuarial memorandum prepared by a qualified actuary

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that describes the accelerated benefits, the risks, the expected costs and the calculation of statutory reserves.

b)~~a)~~ When benefits are provided through the acceleration of benefits under group or individual policies or riders to such policies, policy reserves shall be determined in accordance with Section 223 of the Illinois Insurance Code [215 ILCS 5/223]. All valuation assumptions used in constructing the reserves shall be determined as appropriate for statutory valuation purposes by a qualified actuary. Reserves in the aggregate shall be sufficient to cover:

1) Policies upon which no claim has yet arisen; and

2) Policies upon which an accelerated benefits claim has arisen.

c)~~b)~~ For policies and certificates which provide actuarially equivalent benefits, no additional reserves need to be established.

d)~~c)~~ Policy liens and policy loans, including accrued interest, represent assets of the company for statutory reporting purposes. For any policy on which the policy lien exceeds the policy's statutory reserve liability such excess must be held as a non-admitted asset.

(Source: Renumbered from Section 1407.60 and amended at 23 Ill. Reg. _____, effective _____)

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1) Heading of the Part: Camping on Department of Natural Resources Properties

2) Code Citation: 17 Ill. Adm. Code 130

3)

Section Numbers:	Proposed Action:
130.40	Amendments
130.70	Amendments
130.80	Amendments
130.90	Amendments
130.135	Amendments

4) Statutory Authority: Implementing and authorized by Sections 1 and 4(1) and (5) of the State Parks Act [20 ILCS 835/1 and 4(1) and (5)], and by Sections 63a23 and 63a28 of the Civil Administrative Code of Illinois [20 ILCS 805/63a23 and 63a28].

5) A Complete Description of the Subjects and Issues Involved: The changes to this rule incorporate the rent-a-tents and cabins into the same program. The revisions eliminate all classes of tents except Class A (since we no longer have tents in the other classes) and changes regulations so that rent-a-camp cabins and tents are the same. It also changes the check-out time to 1:00 p.m. for both the cabins and tents.

6) Will this rulemaking replace any emergency rule currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this notice to:

Jack Price
Department of Natural Resources
527 S. Second Street
Springfield IL 62701-1787
217/782-1809

12) Initial Regulatory Flexibility Analysis:

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A) Types of small businesses, small municipalities and not for profit corporations affected: There is no effect on small businesses, small municipalities and not for profit corporations.

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rule was summarized: This rule was not included on either of the 2 most recent agendas because: The Department neglected to file a regulatory agenda on this Part.

The full text of the Proposed Amendments begins on the next page:

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TITLE 17: CONSERVATION
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES
SUBCHAPTER a: LANDS

PART 130
CAMPING ON DEPARTMENT OF NATURAL RESOURCES PROPERTIES

Section
130.10 Location
130.20 Purpose of Campground
130.30 Classification of Camps by Equipment Used - Definitions
130.40 Definition of a Camp
130.50 Registrations
130.60 Permits, Extensions and Time Limits
130.70 Fees and Charges
130.80 Refunds
130.90 Check-in and Check-out Times
130.100 Unoccupied Camps
130.110 Vehicles per Camp (Refer to 17 Ill. Adm. Code Section 130.30)
130.120 Youth Group (Boy Scouts, Girl Scouts, Explorers, church groups, or others)
130.130 Organization Group Camps (charter organizations, ROTC, private clubs or others)
130.135 Campground Host Program
130.140 Use of Campground
130.150 Eviction

AUTHORITY: Implementing and authorized by Sections 1 and 4(1) and (5) of the State Parks Act [20 ILCS 835/1 and 4(1) and (5)], and by Sections 63a23 and 63a28 of the Civil Administrative Code of Illinois [20 ILCS 805/63a23 and 63a28].

SOURCE: Adopted at 4 Ill. Reg. 7, p. 110, effective February 4, 1980; emergency amendment at 5 Ill. Reg. 5707, effective June 1, 1981 for a maximum of 150 days; codified at 5 Ill. Reg. 10623; amended at 5 Ill. Reg. 14568, effective December 9, 1981; amended at 6 Ill. Reg. 3840, effective March 31, 1982; amended at 6 Ill. Reg. 9626, effective July 21, 1982; amended at 6 Ill. Reg. 14835, effective November 24, 1982; amended at 7 Ill. Reg. 5870, effective April 22, 1983; amended at 8 Ill. Reg. 5647, effective April 16, 1984; amended at 9 Ill. Reg. 6173, effective April 23, 1985; amended at 9 Ill. Reg. 11594, effective July 16, 1985; amended at 10 Ill. Reg 9777, effective May 21, 1986; amended at 10 Ill. Reg. 13244, effective July 28, 1986; amended at 11 Ill. Reg. 9506, effective May 15, 1987; amended at 14 Ill. Reg. 12402, effective July 20, 1990; emergency amendment at 16 Ill. Reg. 7925, effective May 11, 1992, for a maximum of 150 days; emergency expired October 8, 1992; amended at 16 Ill. Reg. 15982, effective October 2, 1992; amended at 18 Ill. Reg. 1126, effective January 18, 1994; amended at 19 Ill. Reg. 6462, effective April 28, 1995; amended at 20 Ill. Reg. 6683, effective May 6, 1996; amended at 21 Ill. Reg.

9034, effective June 26, 1997; amended at 22 Ill. Reg. 3076, effective January 23, 1998; amended at 22 Ill. Reg. 11781, effective June 24, 1998; amended at 23 Ill. Reg. _____, effective _____.

Section 130.40 Definition of a Camp

a) "Camp" means a single family or group occupying one shelter.

b) A "Single Family" consists of either or both parents and unmarried children. Other family members will be considered as part of the family as long as they occupy the same shelter, but not to exceed a total of ~~four (~~ 4~~)~~ adults (18 years of age or older).

c) The "Single Group" consists of unrelated adults (18 years of age or older) with or without children occupying the same shelter. This group would not exceed ~~four (~~ 4~~)~~ occupants. (Except for Rent-A-Camp sites with an extra large tent which would not exceed ~~eight (~~ 8~~)~~ occupants and a campground cabin would not exceed 6 occupants.)

d) A "Camp Shelter" is the portable equipment used by the single family or group for bedding and housing. It may consist of sleeping bag, jungle hammock, station wagon, tent, trailer, bus, tarp, car or boat.

e) If more than one camp shelter is required for the single family or group, they shall occupy separate camps. (Minor children (under 18) sleeping in sleeping bags or in a tent outside the family shelter are considered occupants sharing the same shelter); or a group of no more than 4 ~~four~~ occupants may occupy up to 2 ~~two~~ tents on a single campsite.

f) In no case will 2 ~~two~~ or more tent trailers, travel trailers, self-propelled mobile campers, pick-up campers, or any combination thereof be considered as a single camp.

g) Where campgrounds are laid out in defined sites, not more than one camp will be permitted on a site. Where campgrounds are not laid out in sites, the number of camps will be determined by the capacity of the existing sanitary facilities, parking areas, soil and turf conditions, potential social conflicts between campers due to crowding, and similar factors as determined by department staff.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 130.70 Fees and Charges

a) The full amount of the camping fee and, if applicable, the utility fee shall be collected at the time the permit is issued. If checks are taken, they shall be made payable to the Illinois Department of Natural Resources and the site identified. Camping fees vary in accordance with the degree of campground development and type of facilities available effective May 11, 1992 as follows:

1) Spring - Summer Camping (May 1 through September 30)

A) Class A Sites: Camping fee of $8~~.00~~ per night per site, $3~~.00~~ utility fee. Sites having availability to showers, electricity and vehicular access.

B) Class B-E Sites: Camping fee of $7~~.00~~ per night per site, $3~~.00~~ utility fee. Sites having availability to electricity and vehicular access.

C) Class B-S Sites: Camping fee of $8~~.00~~ per night per site. Sites having availability to showers and vehicular access.

D) Class C Sites: Camping fee of $7~~.00~~ per night per site. Sites having vehicular access or tent camp/primitive sites (walk-in or backpack) having availability to showers.

E) Class D Sites: Camping fee of $6~~.00~~ per night per site. Tent camping or primitive sites ~~(walk-in or backpack)~~ with no vehicular access.

F) Youth Group Camping: $1~~.00~~ per person, minimum daily camping fee of $10~~.00~~.

G) Adult Group Camping: $3~~.00~~ per person, minimum daily camping fee of $30~~.00~~.

H) Each member of an organized group utilizing facilities furnished at Dixon Springs State Park and Pere Marquette State Park shall pay a fee of $4~~.00~~ per night. At Dixon Springs, a deposit of $40~~.00~~ will be required before confirmation of a reservation. At Pere Marquette, a deposit of $100 will be required before confirmation of a reservation. The deposits will be credited to the total camping fee. Fees for day use of the group camps at Dixon Springs and Pere Marquette shall be $45~~.00~~ per day.

I) Rent-A-Camp Sites will be made available at designated state parks and recreational areas throughout the department's statewide system. Rent-A-Camp Tent areas will provide, at additional fees of $8~~.00~~ and $12~~.00~~ per night, one large tent (approximately 10' x 13') or one extra large tent (approximately 14' x 14'), respectively (erected), with wood floor, one charcoal grill, one picnic table, one trash barrel, and either 4 sleeping cots per large tent or 8 sleeping cots per extra large tent. The total overnight fee for a Rent-A-Camp Tent ~~rent-a-camp~~ will be based on the basic fees ~~given~~ of $8~~.00~~ or $12~~.00~~ per night in addition to the fee for the Camp A Campsite. ~~class of the camping site A through B on which the rent-a-camps are located, as follows:~~

~~i)~~ Rent-A-Camp Tent at Class A Sites:
$8 ~~$16.00~~ or $12 ~~$20.00~~ plus $3~~.00~~ utility fee and $8 camping fee per night per site at all sites having availability to showers, electricity and vehicular access.

~~ii) Rent-A-Camp Tent at Class B-E Sites: $15.00 or $19.00 plus $3.00 utility fee per night per site at all sites having availability to electricity and vehicular access.~~

~~iii) Rent-A-Camp Tent at Class B-S Sites: $16.00 or $20.00~~

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~~per night per site at all sites having availability to showers and vehicular access.~~

~~iv) Rent-A-Camp Tent at Class C Sites: $15.00 or $19.00 per night per site at all sites having vehicular access.~~

~~v) Rent-A-Camp Tent at Class B Sites: $14.00 or $18.00 per night per site at all sites having tent camping or primitive sites (walk-in or backpack) with no vehicular access.~~

J) Rent-A-Camp Cabin areas will provide, at an additional fee of $24.~~00~~ per night, one 2~~two~~-bedroom cabin with 2 ~~two~~ bunk beds, one full-sized bed, ceiling fans ~~fan~~, electric heaters ~~heater~~, ~~drop-leaf~~ table with ~~two~~ chairs, one charcoal grill, one picnic table, and one trash barrel. The total overnight fee for a Rent-A-Camp Cabin will be based on the basic fee of $24.~~00~~ per night in addition to the fee for the class of the camping site on which the Rent-A-Camp Cabins are located~~, as follows:~~

Rent-A-Camp Cabins at Class A Sites:
$24.~~00~~ cabin rental plus $3.~~00~~ utility fee and $8.~~00~~ camping fee per night, per site at all sites having availability to showers and vehicular access.

K) A $5.~~00~~ per campsite non-refundable fee must be remitted at those facilities offering reservation services. This fee applies to reservations for group campsites ~~camp sites~~ as well as individual site reservations and individual Rent-A-Camp Cabin and individual Rent-A-Camp Tent reservations. At Starved Rock State Park, the reservation fee shall be the applicable first night's camping and utility fee in addition to the $5.~~00~~ per campsite non-refundable fee and is required at the time reservations are made for individual campsite reservations.

The Rent-A-Camp Cabin and Tent reservation fee for each cabin/tent will be the applicable first night's cabin/tent rental, camping and utility fees if applicable, in addition to the $5.~~00~~ per campsite non-refundable reservation fee, and is required at the time reservations are made for individual Rent-A-Camp Cabin and Tent campsites.

2) Fall - Winter Camping (October 1 through April 30)

A) As long as buildings, water and electrical service are available, regardless of the date, the regular camping fee will apply.

B) When cold weather requires closing down buildings and shutting off water in Class A campgrounds, the fee shall be reduced commensurate with the services and facilities available for use.

C) The fee for primitive campsites shall be $6.~~00~~ per site. When a change in facilities is made and a campsite is

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reclassified, the fee for a site will change automatically.

b) Exceptions: Employees, Concessionaires, and Special Legislation

1) Except for temporary employees of the Department of Natural Resources who qualify and are placed in the campground host program at approved camping sites, employees of the Department of Natural Resources or any other State agency, regardless of their official status, will be required to pay the established camping fee.

2) The concessionaire, manager, or a responsible employee designated by the concessionaire will not be charged the regular camping fee. Rent will be paid at the rate established by the Department or pursuant to the concession lease.

3) An Illinois resident age 62 or older, or a person who has a Class 2 disability as defined in Section 4A of the Illinois Identification Card Act [15 ILCS 335/4A] or a disabled veteran, or a former prisoner of war as defined in Section 5 of the Department of Veterans Affairs Act [20 ILCS 2805/5], is entitled to the following camping fee provisions, upon qualifying, which will allow the spouse or minor (under 18) children, or minor grandchildren to be included in the camping party. All other members must be registered and pay the regular camping fee for the facilities provided.

A) Illinois residents age 62 or older will be charged one-half the established camping fee on any Monday, Tuesday, Wednesday or Thursday, at Class A and B sites but must pay the entire established camping fee on all sites on any Friday, Saturday or Sunday, and, if at a site with utilities, must pay the entire utility fee for each day of camping. Verification of age may be made by any document required by law to establish proof of age and date of birth and issued by a federal or state governmental agency. No fee on Class C and D sites Monday through Thursday.

B) Illinois residents who have a Class 2 disability and present a current Illinois Disabled Person Identification Card issued by the Secretary of State will be charged one-half the established camping fee for Class A and B sites on any Monday, Tuesday, Wednesday, or Thursday, but must pay the entire established camping fee for any Friday, Saturday or Sunday, and, if at a site with utilities, must pay the entire utility fee for each day of camping. No fee on Class C and D sites.

C) An Illinois resident who is a disabled veteran, or former prisoner of war may camp without being charged a camping fee, but if at a site with utilities, must pay the entire utility fee for each day of camping. An individual wishing to qualify for free camping under the provisions stated above must be able to submit the appropriate document issued by the Illinois Department of Veterans' Affairs (see 20 ILCS

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2805/5).

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 130.80 Refunds

a) A refund of camping and utility fees for unused time shall be made upon the request of the registered camper. No personal check refunds shall be made sooner than 10 days after the check has been deposited to insure clearance. Refunds will be made in the field out of current cash receipts. Refunds for Camper's Permit will be prepared and appropriate copies submitted to accounting.
b) Refund forms must be completed whenever a camper requests a refund for the unused portion of this camping permit.
c) The person requesting the refund must show identification at the time of the refund.
d) The camper's copy of the permit must be surrendered at the time of the refund.
e) Rent-A-Camp reservation fees ~~deposits~~ will not be refunded by the Department.
f) No refunds will be made for reservation fees unless the campground is closed by the Department.
g) The deposit required for organized group camps at Pere Marquette and Dixon Springs will be non-refundable unless notice of cancellation is received by 30 days prior to reservation date.
h) There is no refund of the first night's cabin/tent fee or camping and utility fee made as part of a campsite reservation that is canceled less than 3 days prior to the date of arrival.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 130.90 Check-in and Check-out Times

a) Check-in times are normally from 7:00 a.m. until 10:00 p.m. Late check-in will be allowed provided ~~providing~~ camping space is available, when site staff is available or to help avert emergencies. Rent-A-Camp Cabins and Tents may not be available for occupancy until 3:00 p.m. due to additional time needed to clean units.
b) Check-out time is 3:00 p.m., with the exception of Rent-A-Camp Cabins and Tents which is 1:00 p.m. ~~11:00 a.m.~~
   1) A ~~If--a~~ camper who has checked out and desires to remain in the area for ~~the~~ other purposes after the check-out time~~,--he~~ must break camp and move from the campground.
   2) The camper shall remove all personally owned camping equipment from the campground at the time the camper leaves.
   3) Failure to remove camping equipment by 3:00 p.m. (or by 1:00 p.m.

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~~11:00 a.m.~~ for Rent-A-Camp Cabins and Tents) without specific authorization by Department of Natural Resources' staff shall obligate the camper to pay an additional night's fees. The camper may elect to stay the additional night if such use does not violate time limits and if space is available.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 130.135 Campground Host Program

a) Purpose of host - The host provides a service to Illinois State Park and Historic Site visitors and encourages compliance with park rules and regulations.
b) Pertinent information and qualifications
   1) The Department will compensate hosts $1 per day for the days hosts work, and will provide free camping privileges while performing duties in the campground.
   2) The host must provide camping equipment. Some campgrounds do not have full hook-ups, so self-contained equipment is advisable. CB radio is optional.
   3) A host shall have camping experience.
   4) A host shall serve for a minimum of 4 weeks.
   5) Illinois residents will be given first priority for host positions.
   6) A host shall have a valid driver's license.
   7) A host shall be at least 21 years of age.
   8) A host shall be available in the park to assist visitors 35 hours per week, usually over a 5 day period. Weekends and holidays are mandatory days for duty in the program.
   9) A host shall be on duty and work during all kinds of weather.
c) Location of host campgrounds
   1) Designated host campground sites will vary, but will be represented throughout the statewide park and recreation system.
   2) A current listing of designated host campground sites will be provided with the application.
d) Number of hosts per park
   An individual or couple may act as hosts. Most parks have one campsite designated and a few larger parks may have more campsites.
e) Duties and responsibilities of a host
   1) A host shall be a visible representative of the Department with knowledge of rules and regulations.
   2) A host shall be informed about the park setting and activities available in the area.
   3) A host shall greet visitors, help them get settled, answer questions, receive comments, pass out publications, and collect campground fees.
   4) A host shall be observant for activities within the campground

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that require immediate attention by the staff or law enforcement, and contact help when emergencies occur. (A host is not required to enforce rules or perform major maintenance repairs.)

5) A host shall replenish restroom supplies when the park staff are not present.

6) A host shall promote care of the park by keeping a clean campsite and performing minor maintenance tasks such as picking up litter, etc.

f) How to apply

1) Interested persons may obtain a campground host application from a Department office or write:
Illinois Department of Natural Resources, Campground Host Coordinator, 524 South Second Street, Lincoln Tower Plaza Building, Springfield, Illinois 62701-1787~~3706~~.

2) Interested persons may complete the application and return it to the above address.

g) When to apply

1) Applications are accepted year round and filled as positions open. If a position is open, applicants will be contacted for an interview.

2) Recruitment for the summer season occurs from March to June.

h) Hiring campground host and/or hostess

1) The Site Superintendent at the site designated for the host campground program shall review the host and/or hostess applications, interview each applicant, and hire the most suitable candidates for this position ~~positions~~.

2) All persons considered must be 21 years of age or older, possess a valid driver's license, and have camping experience and knowledge. Other qualifications to be taken into consideration in the evaluation of applicants shall include, but not be limited to, the following:

A) Previous experience in handling financial transactions, including the making of change, the proper safekeeping of cash, and recording all such transactions.

B) Previous experience in maintenance and report work.

C) The capability of positive communication with campers, and a willingness to deal with any problems which might arise among campers or between campers and site management.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

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1) Heading of the Part: Hospital Services

2) Code Citation: 89 Ill. Adm. Code 148

3)

Section Numbers:	Proposed Action:
148.140	Amendment
148.295	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

5) Complete Description of the Subjects and Issues Involved: These proposed amendments make changes to Section 148.140 concerning clarifications on Emergency Level I services and to provide additional payments for certain implantable devices and drugs. Other technical changes are also being proposed to Section 148.295 regarding critical hospital adjustment payments (CHAP).

The proposed amendments concerning Emergency Level I services extend the range of such services to include an intense level of physician or nursing intervention and provide a clarification as to the meaning of "intense level". These changes are necessary to allow equitable reimbursement for time intensive services that are provided in a hospital's emergency department. These changes are not expected to result in any significant budgetary changes for the Department.

Other proposed changes are being made to provide additional payments for certain costly implantable devices and drugs that are provided in hospital outpatient settings. The changes specify that prior approval may be required in some such cases. The devices and drugs that are eligible for the increased reimbursement are described in the Department's Hospital Handbook. These proposed changes are a component of the Department's overall outpatient reform measures and are necessary to recognize the need for such services and provide adequate compensation for them. These proposed changes are expected to result in a budgetary increase of $500,000 for fiscal year 2000.

6) Will these proposed amendments replace emergency amendments currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? Yes

Sections	Proposed Action	Illinois Register Citation

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148.82	Amendment	December 18, 1998 (22 Ill. Reg. 21786)
148.297	Amendment	January 22, 1999 (23 Ill. Reg. 847)

10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

11) Time, Place, and Manner in Which Interested Persons May Comment on this Proposed RRulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

Joanne Jones
Bureau of Rules and Regulations
Illinois Department of Public Aid
201 South Grand Ave. E., 3rd Floor
Springfield, Illinois 62763
217/524-0081

The Department requests the submission of written comments within 30 days after the publication of this notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

These proposed amendments may have an impact on small businesses, small municipalities, and not-for-profit corporations as defined in Sections 1-75, 1-80 and 1-85 of the Illinois Administrative Procedure Act [5 ILCS 100/1-75, 1-80, 1-85). These entities may submit comments in writing to the Department at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS 100/5-30]. These entities shall indicate their status as small businesses, small municipalities, or not-for-profit corporations as part of any written comments they submit to the Department.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on Which this Rulemaking Was Summarized: This rule was not included on either of the 2 most recent agendas because: This rulemaking was inadvertently omitted when the most recent regulatory

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agenda was published.

The full text of the proposed amendments begins on the next page:

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TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMS

PART 148
HOSPITAL SERVICES

Section
148.10 Hospital Services
148.20 Participation
148.25 Definitions and Applicability
148.30 General Requirements
148.40 Special Requirements
148.50 Covered Hospital Services
148.60 Services Not Covered as Hospital Services
148.70 Limitation On Hospital Services
148.80 Organ Transplants Services Covered Under Medicaid (Repealed)
148.82 Organ Transplant Services
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AUTHORITY: Implementing Article III of the Illinois Health Finance Reform Act [20 ILCS 2215/Art. III] and implementing and authorized by Articles III, IV, V, VI, and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI and 12-13].

SOURCE: Sections 148.10 thru 148.390 recodified from 89 Ill. Adm. Code 140.94 thru 140.398 at 13 Ill. Reg. 9572; Section 148.120 recodified from 89 Ill. Adm. Code 140.110 at 13 Ill. Reg. 12118; amended at 14 Ill. Reg. 2553, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 11392, effective July 1, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 15358, effective September 13, 1990; amended at 14 Ill. Reg. 16998, effective October 4, 1990; amended at 14 Ill. Reg. 18293, effective October 30, 1990; amended at 14 Ill. Reg. 18499, effective November 8, 1990; emergency amendment at 15 Ill. Reg. 10502, effective July 1, 1991, for a maximum of 150 days; emergency expired October 29, 1991; emergency amendment at 15 Ill. Reg. 12005, effective August 9, 1991, for a maximum of 150 days; emergency expired January 6, 1992; emergency amendment at 15 Ill. Reg. 16166, effective November 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 18684, effective December 23, 1991; amended at 16 Ill. Reg. 6255, effective March 27, 1992; emergency amendment at 16 Ill. Reg. 11335, effective June 30, 1992, for a maximum of 150 days; emergency expired November 27, 1992; emergency amendment at 16 Ill. Reg. 11942, effective July 10, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19873, effective December 7, 1992; amended at 17 Ill. Reg. 131, effective December 21, 1992; amended at 17 Ill. Reg. 3296, effective March 1, 1993; amended at 17 Ill. Reg. 6649, effective April 21, 1993; amended at 17 Ill. Reg. 14643, effective August 30, 1993; emergency amendment at 17 Ill. Reg. 17323, effective October 1, 1993, for a maximum of 150 days; amended

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at 18 Ill. Reg. 3450, effective February 28, 1994; emergency amendment at 18 Ill. Reg. 12853, effective August 2, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 14117, effective September 1, 1994; amended at 18 Ill. Reg. 17648, effective November 29, 1994; amended at 19 Ill. Reg. 1067, effective January 20, 1995; emergency amendment at 19 Ill. Reg. 3510, effective March 1, 1995, for a maximum of 150 days; emergency expired July 29, 1995; emergency amendment at 19 Ill. Reg. 6709, effective May 12, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 10060, effective June 29, 1995; emergency amendment at 19 Ill. Reg. 10752, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13009, effective September 5, 1995; amended at 19 Ill. Reg. 16630, effective November 28, 1995; amended at 20 Ill. Reg. 872, effective December 29, 1995; amended at 20 Ill. Reg. 7912, effective May 31, 1996; emergency amendment at 20 Ill. Reg. 9281, effective July 1, 1996, for a maximum of 150 days; emergency amendment at 20 Ill. Reg. 12510, effective September 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 15722, effective November 27, 1996; amended at 20 Ill. Reg. 15722, effective November 27, 1996; amended at 21 Ill. Reg. 607, effective January 2, 1997; amended at 21 Ill. Reg. 8386, effective June 23, 1997; emergency amendment at 21 Ill. Reg. 9552, effective July 1, 1997,for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 9822, effective July 2, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 10147, effective August 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 13349, effective September 23, 1997; emergency amendment at 21 Ill. Reg. 13675, effective September 27, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 16161, effective November 26, 1997; amended at 22 Ill. Reg. 1408, effective December 29, 1997; amended at 22 Ill. Reg. 3083, effective January 26, 1998; amended at 22 Ill. Reg. 11514, effective June 22, 1998; emergency amendment at 22 Ill. Reg. 13070, effective July 1, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 15027, effective August 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16273, effective August 28, 1998; amendment at 22 Ill. Reg. 21490, effective November 25, 1998; amended at 23 Ill. Reg. _____, effective _____.

Section 148.140 Hospital Outpatient and Clinic Services

a) Fee-For-Service Reimbursement
   1) Reimbursement for hospital outpatient services shall be made on a fee-for-service basis, except for:
      A) Those services that meet the definition of the Ambulatory Procedure Listing (APL) as described in subsection (b) of this Section.
      B) End stage renal disease treatment (ESRDT) services, as described in subsection (c) of this Section.
      C) Those services provided by a Certified Pediatric Ambulatory Care Center (CPACC), as described in 89 Ill. Adm. Code 140.461(f)(1)(D) and Section 148.25(b)(5)(D).
      D) Those services provided by a Critical Clinic Provider as described in subsection (e) of this Section.

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   2) Fee-for-service reimbursement levels shall be at the lower of the hospital's usual and customary charge to the public or the Department's statewide maximum reimbursement screens. Hospitals will be required to bill the Department utilizing specific service codes. However, all specific client coverage policies (relating to client eligibility and scope of services available to those clients) which pertain to the service billed are applicable to hospitals in the same manner as to non-hospital providers who bill fee for service.
   3) With respect to those hospitals described in Section 148.25(b)(2)(A), the reimbursement rate described in subsection (a)(2) of this Section shall be adjusted on a retrospective basis. The retrospective adjustment shall be calculated as follows:
      A) The reimbursement rates described in subsection (a)(2) of this Section shall be no less than the reimbursement rates in effect on June 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports.
      B) The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.
   4) Maternal and Child Health Program rates, as described in 89 Ill. Adm. Code 140 Table M, shall be paid to Certified Hospital Ambulatory Primary Care Centers (CHAPCC), as described in 89 Ill. Adm. Code 140.461(f)(1)(A) and Section 148.25(b)(5)(A), Certified Hospital Organized Satellite Clinics (CHOSC), as described in 89 Ill. Adm. Code 140.461(f)(1)(B) and Section 148.25(b)(5)(B), and Certified Obstetrical Ambulatory Care Centers (COBACC), as described in 89 Ill. Adm. Code 140.461(f)(1)(C) and Section 148.25(b)(5)(C). Maternal and Child Health Program rates shall also be paid to Certified Pediatric Ambulatory Care Centers (CPACC), as described in 89 Ill. Adm. Code 140.461(f)(1)(D) and Section 148.25(b)(5)(D), for covered services as described in 89 Ill. Adm. Code 140.462(e)(3), that are provided to non-assigned Maternal and Child Health Program clients, as described in 89 Ill. Adm. Code 140.464(b)(1).
   5) Certified Pediatric Ambulatory Care Centers (CPACC), as described in 89 Ill. Adm. Code 140.461(f)(1)(D) and Section 148.25(b)(5)(D), shall be reimbursed in accordance with 89 Ill. Adm. Code 140.464(b)(2) for assigned clients.
   6) Hospitals described in Sections 148.25(b)(2)(A) and 148.25(b)(2)(B) shall be required to submit outpatient cost reports to the Department within 90 days after the close of the facility's fiscal year.
   7) With the exception of the retrospective adjustment described in

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subsection (a)(3) of this Section, no year-end reconciliation is made to the reimbursement rates calculated under this Section.

b) Ambulatory Procedure Listing (APL)
Effective July 1, 1998, the Department will reimburse hospitals for certain hospital outpatient procedures as described in subsection (b)(1) of this Section.

1) APL Groupings
Under the APL, a list was developed that defines those technical procedures that require the use of the hospital outpatient setting, its technical staff or equipment. These procedures are separated into separate groupings based upon the complexity and historical costs of the procedures. The groupings are as follows:

A) Surgical Groups

i) Surgical group 1(a) consists of intense surgical procedures. Group 1(a) surgeries require an operating suite with continuous patient monitoring by anesthesia personnel. This level of service involves advanced specialized skills and highly technical operating room personnel using high technology equipment.

ii) Surgical group 1(b) consists of moderately intense surgical procedures. Group 1(b) surgeries generally require the use of an operating room suite or an emergency room treatment suite, along with continuous monitoring by anesthesia personnel and some specialized equipment.

iii) Surgical group 1(c) consists of low intensity surgical procedures. Group 1(c) surgeries may be done in an operating suite or an emergency room and require relatively brief operating times. Such procedures may be performed for evaluation or diagnostic reasons.

iv) Surgical group 1(d) consists of surgical procedures of very low intensity. Group 1(d) surgeries may be done in an operating room or emergency room, have a low risk of complications, and include some physician-administered diagnostic and therapeutic procedures.

B) Diagnostic and Therapeutic Groups

i) Diagnostic and therapeutic group 2(a) consists of advanced or evolving technologically complex diagnostic or therapeutic procedures. Group 2(a) procedures are typically invasive and must be administered by a physician.

ii) Diagnostic and therapeutic group 2(b) consists of technologically complex diagnostic and therapeutic procedures that are typically non-invasive. Group 2(b) procedures typically include radiological consultation or a diagnostic study.

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iii) Diagnostic and therapeutic group 2(c) consists of other diagnostic tests. Group 2(c) procedures are generally non-invasive and may be administered by a technician and monitored by a physician.

iv) Diagnostic and therapeutic group 2(d) consists of therapeutic procedures. Group 2(d) procedures typically involve parenterally administered therapeutic agents. Either a nurse or a physician is likely to perform such procedures.

C) Group 3 reimbursement for services provided in a hospital emergency department will be made in accordance with one of the three levels described below. Emergency Services mean those services that are for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect that the absence of immediate attention would result in placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part. The determination of the level of service reimbursable by the Department shall be based upon the circumstances at the time of the initial examination, not upon the final determination of the client's actual condition, unless the actual condition is more severe.

i) Emergency Level I refers to Emergency Services provided in the hospital's emergency department for the alleviation of severe pain or for immediate diagnosis and/or treatment of conditions or injuries that pose an immediate significant threat to life or physiologic function or requires an intense level of physician or nursing intervention. An "intense level" is defined as more than two hours of documented one-on-one nursing care or interactive treatment.

ii) Emergency Level II refers to Emergency Services that do not meet the above definition of Emergency Level I care, but that are provided in the hospital emergency department for a medical condition manifesting itself by acute symptoms of sufficient severity.

iii) Non-Emergency/Screening Level means those services provided in the hospital emergency department that do not meet the requirements of Emergency Level I or II stated above. For such care, the Department will reimburse the hospital either applicable current FFS rates for the services provided or a screening fee, but not both. The reimbursement rate for the screening fee will be the same as the current

applicable rate for procedure code 99282 (emergency department visit, as specified in the Physicians Current Procedural Terminology, fourth edition (CPT-4)).

D) Group 4 for observation services is established to reimburse such services that are provided when a patient's current condition does not warrant an inpatient admission but does require an extended period of observation in order to evaluate and treat the patient in a setting that provides ancillary resources for diagnosis or treatment with appropriate medical and skilled nursing care. The hospital may bill for both observation and other APL procedures but will be reimbursed only for the procedure (group) with the highest reimbursement rate. Observation services will be reimbursed under one of three categories: at least 60 minutes but less than six hours and 31 minutes of services; at least six hours and 31 minutes but less than 12 hours and 31 minutes of services; or 12 hours and 31 minutes or more of services.

E) Group 5 for psychiatric treatment services is established to reimburse for certain outpatient treatment psychiatric services that are provided by a hospital that is enrolled with the Department to provide inpatient psychiatric services. Under this group, the Department will reimburse Type A and Type B Psychiatric Clinic Services, as defined in Section 148.40(d)(2) and the Illinois Medicaid State Plan.

F) Group 6 for physical rehabilitation services is established to reimburse for certain outpatient physical rehabilitation services that are provided by a hospital that is enrolled with the Department to provide inpatient physical rehabilitation services.

2) Each of the groups described in subsection (b)(1) will be reimbursed by the Department considering the following:

A) With the exception of county-owned hospitals located in an Illinois county with a population greater than three million, and hospitals not required to file an annual cost report with the Department, reimbursement rates for each of the reimbursement groups described above shall be the lesser of:

i) the hospital's charge to the general public; or

ii) rates established by the Department, as defined in the Hospital Handbook.

B) The Department may make an additional payment for high cost implantable devices and drugs provided in a hospital outpatient setting. In such cases, prior approval may be required. The types of implantable devices and drugs that may be eligible for an increased reimbursement will be defined in the Hospital Handbook. The amount of any such

increase will also be defined in the Hospital Handbook.

C)~~B~~ For county-owned hospitals in an Illinois county with a population greater than three million, reimbursement rates for each of the reimbursement groups shall be specified by the Department. However, such rates shall be no lower than the rates in effect on June 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports. The per diem cost of inpatient hospital services is calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.

D)~~C~~ Reimbursement rates for hospitals not required to file an annual cost report with the Department may be lower than those listed above. ~~Such rates will be specified in the Hospital Handbook.~~

E)~~D~~ The rate for each group is all-inclusive for services provided by the hospital. No separate reimbursement will be made for ancillary services or the services of hospital personnel. The one exception is that hospitals shall be allowed to bill separately, on a fee-for-service basis, for professional services of physicians who are salaried by the hospital and who provide Emergency Level I or II services in the emergency department. For the purposes of this Section, a salaried physician is a physician who is salaried by the hospital; a physician who is reimbursed by the hospital through a contractual arrangement to provide direct patient care; or a group of physicians with a financial contract to provide emergency department care.

3) The assignment of procedure codes to each of the reimbursement groups in subsection (b)(1) of this Section are detailed in the Department's Hospital Handbook and in notices to providers.

4) County Facility Outpatient Adjustment

A) Effective for services provided on or after July 1, 1995, county owned hospitals in an Illinois county with a population of over three million shall be eligible for a county facility outpatient adjustment payment. This adjustment payment shall be in addition to the amounts calculated under this Section and are calculated as follows:

i) Beginning with July 1, 1995, hospitals under this subsection shall receive an annual adjustment payment equal to total base year hospital outpatient costs trended forward to the rate year minus total estimated rate year hospital outpatient payments, multiplied by the resulting ratio derived when the value 200 is divided by the quotient of the difference between total base year hospital outpatient costs trended

forward to the rate year and total estimated rate year hospital outpatient payments divided by one million.

ii) The county facility outpatient adjustment under this subsection shall be made on a quarterly basis.

B) County Facility Outpatient Adjustment Definition. The definitions of terms used with reference to calculation of the county facility outpatient adjustment are as follows:

i) "Base Year" means the most recently completed State fiscal year.

ii) "Rate Year" means the State fiscal year during which the county facility adjustment payments are made.

iii) "Total Estimated Rate Year Hospital Outpatient Payments" means the Department's total estimated outpatient date of service liability, projected for the upcoming rate year.

iv) "Total Hospital Outpatient Costs" means the statewide sum of all hospital outpatient costs derived by summing each hospital's outpatient charges derived from actual paid claims data multiplied by the hospital's cost-to-charge ratio.

5) No Year-End Reconciliation
With the exception of the retrospective rate adjustment described in subsection (b)(7) of this Section, no year-end reconciliation is made to the reimbursement rates calculated under this subsection (b).

6) Rate Adjustments
With respect to those hospitals described in Section 148.25(b)(2)(A), the reimbursement rates described in subsection (b)(4) of this Section shall be adjusted on a retrospective basis. The retrospective adjustment shall be calculated as follows:

A) The reimbursement rates described in subsection (b)(4) of this Section shall be no less than the reimbursement rates in effect on June 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports.

B) The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.

7) Services are available to all clients in geographic areas in which an encounter rate hospital or a county-operated outpatient facility is located. All specific client coverage policies (relating to client eligibility and scope of services available to those clients) which pertain to the service billed are applicable to hospitals reimbursed under the Ambulatory Care Program in the same manner as to encounter rate hospitals and to

non-hospital and hospital providers who bill and receive reimbursement on a fee-for-service basis.

8) Hospitals described in Section ~~Sections~~ 148.25(b)(2)(A) and ~~148.25~~(b)(2)(B) shall be required to submit outpatient cost reports to the Department within 90 days after the close after the facility's fiscal year.

c) Payment for outpatient end-stage renal disease treatment (ESRDT) services provided pursuant to Section 148.40(c) shall be made at the Department's payment rates, as follows:

1) For inpatient hospital services provided pursuant to Section 148.40(c)(1), the Department shall reimburse hospitals pursuant to Sections 148.240 through 148.300 and 89 Ill. Adm. Code 149.

2) For outpatient services or home dialysis treatments provided pursuant to Section 148.40(c)(2) or (c)(3), the Department will reimburse hospitals and clinics for ESRDT services at a rate which will reimburse the provider for the dialysis treatment and all related supplies and equipment, as defined in 42 CFR 405.2163 (1994). This rate will be that rate established by Medicare pursuant to 42 CFR 405.2124 and 413.170 (1994).

3) Payment for non-routine services. For services which are provided during outpatient or home dialysis treatment pursuant to Section 148.40(c)(2) or (c)(3) but are not defined as a routine service under 42 CFR 405.2163 (1994), separate payment will be made to independent laboratories, pharmacies, and medical supply providers pursuant to 89 Ill. Adm. Code 140.430 through 140.434, 140.440 through 140.450, and 140.475 through 140.481, respectively.

4) Payment for physician services relating to ESRDT will be made separately to physicians, pursuant to 89 Ill. Adm. Code 140.400.

5) With respect to those hospitals described in Section 148.25(b)(2)(A), the reimbursement rates described in this subsection (c) shall be adjusted on a retrospective basis. The retrospective adjustment shall be calculated as follows:

A) The reimbursement rates described in this subsection (c) shall be no less than the reimbursement rates in effect on June 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports.

B) The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.

6) With the exception of the retrospective rate adjustment described in subsection (c)(5) of this Section, no year-end reconciliation is made to the reimbursement rates calculated under this subsection (c).

7) Hospitals described in Section 148.25(b)(2)(A) and (b)(2)(B)

shall be required to submit outpatient cost reports to the Department within 90 days after the close of the facility's fiscal year.

d) Non Hospital Based Clinic Reimbursement

1) County-Operated Outpatient Facility Reimbursement

Reimbursement for all services provided by county-operated outpatient facilities, as described in Section 148.25(b)(2)(C), that do not qualify as either a Maternal and Child Health Program Managed Care clinics, as described in 89 Ill. Adm. Code 140.461(f), or as a Critical Clinic Provider, as described in subsection (e) of this Section, shall be on an all-inclusive per encounter rate basis as follows:

A) Base Rate. The per encounter base rate shall be calculated as follows:

i) Allowable direct costs shall be divided by the number of direct encounters to determine an allowable cost per encounter delivered by direct staff.

ii) The resulting quotient, as calculated in subsection (d)(1)(A)(i) of this Section, shall be multiplied by the Medicare allowable overhead rate factor to calculate the overhead cost per encounter.

iii) The resulting product, as calculated in subsection (d)(1)(A)(ii) of this Section, shall be added to the resulting quotient, as calculated in subsection (d)(1)(A)(i) of this Section to determine the per encounter base rate.

iv) The resulting sum, as calculated in subsection (d)(1)(A)(iii) of this Section, shall be the per encounter base rate.

B) Supplemental Rate

i) The supplemental service cost shall be divided by the total number of direct staff encounters to determine the direct supplemental service cost per encounter.

ii) The supplemental service cost shall be multiplied by the allowable overhead rate factor to calculate the supplemental overhead cost per encounter.

iii) The quotient derived in subsection (d)(1)(B)(i) of this Section, shall be added to the product derived in subsection (d)(1)(B)(ii) of this Section, to determine the per encounter supplemental rate.

iv) The resulting sum, as described in subsection (d)(1)(B)(iii) of this Section, shall be the per encounter supplemental rate.

C) Final Rate

i) The per encounter base rate, as described in subsection (d)(1)(A)(iv) of this Section, shall be added to the per encounter supplemental rate, as described in subsection (d)(1)(B)(iv) of this Section,

to determine the per encounter final rate.

ii) The resulting sum, as determined in subsection (d)(1)(C)(i) of this Section, shall be the per encounter final rate.

iii) The per encounter final rate, as described in subsection (d)(1)(C)(ii) of this Section, shall be adjusted in accordance with subsection (d)(2) of this Section.

2) Rate Adjustments

Rate adjustments to the per encounter final rate, as described in subsection (d)(1)(C)(iii) of this Section, shall be calculated as follows:

A) The reimbursement rates described in subsections (d)(1)(A) through (d)(1)(C) and (e)(2) of this Section shall be no less than the reimbursement rates in effect on June 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports. The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.

B) The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.

C) The final rate described in subsection (d)(1)(C) of this Section shall be no less than $147.09 per encounter.

3) County-operated outpatient facilities, as described in Section 148.25(b)(2)(C), shall be required to submit outpatient cost reports to the Department within 90 days after the close of the facility's fiscal year. No year-end reconciliation is made to the reimbursement calculated under this subsection (d).

4) Services are available to all clients in geographic areas in which an encounter rate hospital or a county-operated outpatient facility is located. All specific client coverage policies (relating to client eligibility and scope of services available to those clients) which pertain to the service billed are applicable to encounter rate hospitals in the same manner as to hospitals reimbursed under the Ambulatory Care Program and to non-hospital and hospital providers who bill and receive reimbursement on a fee-for-service basis.

e) Critical Clinic Providers

1) Effective for services provided on or after September 27, 1997, a clinic owned or operated by a county with a population of over three million, that is within or adjacent to a hospital, shall qualify as a Critical Clinic Provider if the facility meets the efficiency standards established by the Department. The Department's efficiency standards under this subsection (e)

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require that the quotient of total encounters per facility fiscal year for the Critical Clinic Provider divided by total full time equivalent physicians providing services at the Critical Clinic Provider shall be greater than:

A) 2700 for reimbursement provided during the facility's cost reporting year ending during 1998,
B) 2900 for reimbursement provided during the facility's cost reporting year ending during 1999,
C) 3100 for reimbursement provided during the facility's cost reporting year ending during 2000,
D) 3600 for reimbursement provided during the facility's cost reporting year ending during 2001, and
E) 4200 for reimbursement provided during the facility's cost reporting year ending during 2002.

2) Reimbursement for all services provided by any Critical Clinic Provider shall be on an all-inclusive per-encounter rate which shall equal reported direct costs of Critical Clinic Providers for each facility's cost reporting period ending in 1995, and available to the Department as of September 1, 1997, divided by the number of Medicaid services provided during that cost reporting period as adjudicated by the Department through July 31, 1997.
3) Critical Clinic Providers, as described in this subsection (e), shall be required to submit outpatient cost reports to the Department within 90 days after the close of the facility's fiscal year. No year-end reconciliation is made to the reimbursement calculated under this subsection (e).
4) The reimbursement rates described in this subsection (e) shall be no less than the reimbursement rates in effect on July 1, 1992, except that this minimum shall be adjusted on the first day of July of each year by the annual percentage change in the per diem cost of inpatient hospital services as reported on the two most recent annual Medicaid cost reports. The per diem cost of inpatient hospital services shall be calculated by dividing the total allowable Medicaid costs by the total allowable Medicaid days.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 148.295 Critical Hospital Adjustment Payments (CHAP)

Critical Hospital Adjustment Payments (CHAP) shall be made to all eligible hospitals excluding county-owned hospitals, as described in Section 148.25 (b)(1)(A), and hospitals organized under the University of Illinois Hospital Act, as described in Section 148.25(b)(1)(B), for inpatient admissions occurring on or after July 1, 1998, in accordance with this Section.

a) Trauma Center Adjustments (TCA)

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The Department shall make a trauma center adjustment (TCA) to Illinois hospitals recognized, as of the last day of June preceding the CHAP rate period, as a Level I or Level II trauma center by the Illinois Department of Public Health, in accordance with the provisions of subsections (a)(1) through (a)(3) below.

1) Level I Trauma Center Adjustment (TCA).
   A) Criteria. Illinois hospitals that, on the last day of June preceding the CHAP rate period, are recognized as a Level I trauma center by the Illinois Department of Public Health shall receive the Level I trauma center adjustment.
   B) Adjustment. Illinois hospitals meeting the criteria specified in subsection (a)(1)(A) above shall receive an adjustment as follows:
      i) Hospitals with Medicaid trauma admissions equal to or greater than the mean Medicaid trauma admissions, for all hospitals qualifying under subsection (a)(1)(A) above, shall receive an adjustment of $21,365 per Medicaid trauma admission in the CHAP base period.
      ii) Hospitals with Medicaid trauma admissions less than the mean Medicaid trauma admissions, for all hospitals qualifying under subsection (a)(1)(A) above, shall receive an adjustment of $14,165 per Medicaid trauma admission in the CHAP base period.
2) Level II Rural Trauma Center Adjustment (TCA). Illinois rural hospitals, as defined in Section 148.25(g)(3), that, on the last day of June preceding the CHAP rate period, are recognized as a Level II trauma center by the Illinois Department of Public Health shall receive an adjustment of $11,565 per Medicaid trauma admission in the CHAP base period.
3) Level II Urban Trauma Center Adjustment (TCA). Illinois urban hospitals, as described in Section 148.25(g)(4), that, on the last day of June preceding the CHAP rate period, are recognized as Level II trauma centers by the Illinois Department of Public Health shall receive an adjustment of $11,565 per Medicaid trauma admission in the CHAP base period, provided that such hospital meets the criteria described below:
   A) The hospital is located in a county with no Level I trauma center; and
   B) The hospital is located in a Health Professional Shortage Area (HPSA) (42 CFR 5), as of the last day of June preceding the CHAP rate period, and has a Medicaid trauma admission percentage at or above the mean of the individual facility values determined in subsection (a)(3)(A) above; or the hospital is not located in a HPSA (42 CFR 5) and has a Medicaid trauma admission percentage that is at least the mean plus one standard deviation of the individual facility values determined in subsection (a)(3)(A) above.

b) Rehabilitation Hospital Adjustment (RHA)

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Illinois hospitals that, on the last day of June preceding the CHAP rate period, qualify as rehabilitation hospitals, as defined in 89 Ill. Adm. Code 149.50(c)(2), and that are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), shall receive a rehabilitation hospital adjustment in the CHAP rate period that consists of the following three components:

1) Treatment Component. All hospitals defined in subsection (b) above shall receive $4,595 per Medicaid Level I rehabilitation admission in the CHAP base period.

2) Facility Component. All hospitals defined in subsection (b) above shall receive a facility component that shall be based upon the number of Medicaid Level I rehabilitation admissions in the CHAP base period as follows:

   A) Hospitals with fewer than 60 Medicaid Level I rehabilitation admissions in the CHAP base period shall receive a facility component of $250,000 in the CHAP rate period.

   B) Hospitals with 60 or more Medicaid Level I rehabilitation admissions in the CHAP base period shall receive a facility component of $575,000 in the CHAP rate period.

3) Health Professional Shortage Area Adjustment Component. Hospitals defined in subsection (b) above, that are located in a Health Professional Shortage Area (HPSA) (42 CFR 5) as of the last day of June preceding the CHAP rate period, shall receive $300 per Medicaid Level I rehabilitation inpatient day in the CHAP base period.

c) Direct Hospital Adjustment (DHA) Criteria

To qualify for the DHA under this subsection (c), hospitals must meet one of the following criteria.

1) Be an Illinois hospital located outside of Health Service Area (HSA) six that meets one of the following criteria:

   A) Has a Medicaid inpatient utilization rate on the last day of June preceding the CHAP rate period, as defined in Section 148.120(k)(5), greater than 60 percent and has an average length of stay of less than ten days.

   B) Is a major teaching hospital with 35 or more graduate medical education programs accredited by the American Accreditation Council for Graduate Medical Education, the American Osteopathic Association Division of Post-doctoral Training, or the American Dental Association Joint Commission on Dental Accreditation.

2) Be a hospital located in HSA six, excluding psychiatric and rehabilitation hospitals as defined in 89 Ill. Adm. Code 149.50(c)(1) and (c)(2), that meets one of the following criteria:

   A) Is a hospital whose sum of the critical weighting factors is greater than one standard deviation above the mean of the summed critical weighting factors for all hospitals located within the same planning area. The critical weighting

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factor is determined as follows:

i) Hospitals that, on the last day of June preceding the CHAP rate period, are designated as a Level III, II, or I Perinatal Center by the Illinois Department of Public Health shall receive a critical weighting factor of 10, 7.5, or 5 respectively depending on the hospital's perinatal level designation.

ii) Hospitals that, on the last day of June preceding the CHAP rate period, are recognized as a Level I or II Trauma Center by the Illinois Department of Public Health shall receive a critical weighting factor of ten or five respectively depending on the hospital's trauma level designation.

iii) Hospitals that, on the last day of June preceding the CHAP rate period, are eligible for disproportionate share payments as described in Section 148.120(g)(1) or (g)(2) shall receive a critical weighting factor of five.

iv) Hospitals that have an occupancy ratio, as determined by the Illinois Department of Public Health (IDPH), based upon the most current IDPH published report entitled "Bed Count, Average Length of Stay, Average Daily Census and Percent Occupancy for Non-Federal Hospitals in Illinois", which is available to the Illinois Department of Public Aid on the last day of June preceding the CHAP rate period, which is equal to or greater than the mean occupancy ratio for all hospitals in the planning area shall receive a critical weighting factor of five.

v) Hospitals which have Medicaid obstetrical care admissions in the CHAP base period that are equal to or greater than one-half a standard deviation above the mean Medicaid obstetrical care admissions in their planning area shall receive a critical weighting factor of ten. If the hospital's Medicaid obstetrical care admissions are greater than the mean but less than one-half a standard deviation above the mean Medicaid obstetrical care admissions in their planning area, the hospital shall receive a critical weighting factor of five.

vi) Hospitals that on the last day of June preceding the CHAP rate period have a Medicaid inpatient utilization rate as defined in Section 148.120(k)(5) which is equal to or greater than one-half a standard deviation above the mean Medicaid inpatient utilization rate in their planning area, shall receive a critical weighting factor of ten. If the hospital's Medicaid inpatient utilization rate is greater than the mean

but less than one-half a standard deviation above the mean Medicaid inpatient utilization rate in their planning area, the hospital shall receive a critical weighting factor of five.

vii) Hospitals which have Medicaid general care admissions in the CHAP base period that are equal to or greater than one-half a standard deviation above the mean Medicaid general care admissions in their planning area shall receive a critical weighting factor of ten. If the hospital's Medicaid general care admissions are greater than the mean but less than one-half a standard deviation above the mean Medicaid general care admissions in their planning area, the hospital shall receive a critical weighting factor of five.

viii) Hospitals which have a cost per day at 80 percent occupancy that is less than or equal to one-half a standard deviation below the mean cost per day at 80 percent occupancy in their planning area shall receive a critical weighting factor of ten. If the hospital's cost per day at 80 percent occupancy is greater than one-half a standard deviation below the mean cost per day at 80 percent occupancy but less than the mean cost per day at 80 percent occupancy in their planning area, the hospital shall receive a critical weighting factor of five.

B) Is a major teaching hospital with 40 or more graduate medical education programs accredited by the American Accreditation Council for Graduate Medical Education, the American Osteopathic Association Division of Post-doctoral Training, or the American Dental Association Joint Commission on Dental Accreditation.

C) Is a hospital with 3,200 or more total Medicaid admissions in the CHAP base period.

3) Be a hospital qualifying under subsection (c)(2) above that has the highest number of Medicaid obstetrical care admissions in the CHAP base period.

4) Be a hospital qualifying under subsection (c)(2) above that on the last day of June preceding the CHAP rate period, is designated as a Level III or II Perinatal Center by the Illinois Department of Public Health, and that has a Medicaid inpatient utilization rate, as defined in Section 148.120(k)(5), which is greater than one-half a standard deviation above the statewide mean Medicaid inpatient utilization rate, as defined in Section 148.120(k)(3), and that has at least one obstetrical graduate medical education program accredited by the American Accreditation Council for Graduate Medical Education, the American Osteopathic Association Division of Post-doctoral Training, or the American Dental Association Joint Commission on Dental Accreditation.

5) Be a children's hospital, which means a hospital devoted exclusively to caring for children. A hospital which includes a facility devoted exclusively to caring for children that is separately licensed as a hospital by a municipality shall be considered a children's hospital to the degree that the hospital's Medicaid care is provided to children.

d) DHA Adjustment

Calculation of the DHA is as follows:

1) Hospitals qualifying under subsection (c)(1)(A) above shall receive a DHA of $60 multiplied by the DHA Medicaid days in the CHAP base period.

2) Hospitals qualifying under subsection (c)(1)(B), (c)(2) or (c)(5) above shall receive a DHA of $30 multiplied by the DHA Medicaid days in the CHAP base period.

3) Hospitals qualifying under subsection (c)(5) above which have a Medicaid inpatient utilization rate, as defined in Section 148.120(k)(5), on the last day of June preceding the CHAP rate period, that is greater than 85 percent shall receive an additional $20 multiplied by the DHA Medicaid days in the CHAP base period.

4) Hospitals qualifying under subsection (c)(2)(B) above shall receive an additional $10 multiplied by the DHA Medicaid days in the CHAP base period.

5) Hospitals qualifying under subsections (c)(2)(A) and (c)(2)(B) of this Section will receive an additional $20 multiplied by DHA Medicaid days in the CHAP base period.

6) Hospitals qualifying under subsection (c)(3) or (c)(4) above shall receive an additional $120 multiplied by the DHA Medicaid days in the CHAP base period if their Medicaid inpatient utilization rate, as defined in Section 148.120(k)(5), on the last day of June preceding the CHAP rate period, is equal to or greater than 50 percent; or $65 multiplied by the DHA Medicaid days in the CHAP base period if their Medicaid inpatient utilization rate, as defined in Section 148.120(k)(5), on the last day of June preceding the CHAP rate period, is less than 50 percent.

e) Rural Critical Hospital Adjustment Payments (RCHAP)

Rural Critical Hospital Adjustment Payments (RCHAP) shall be made to rural hospitals, as described in 89 Ill. Adm. Code 140.80(j)(1), for certain inpatient admissions. The hospital qualifying under this subsection that has the highest number of Medicaid obstetrical care admissions during the CHAP base period shall receive $400,000 per year. The Department shall also make a RCHAP adjustment payment to hospitals qualifying under this subsection at a rate that is the greater of:

1) the product of $1,490 multiplied by the number of RCHAP Obstetrical Care Admissions in the CHAP base period, or

2) the product of $150 multiplied by the number of RCHAP General Care Admissions in the CHAP base period.

f) Each eligible hospital's critical hospital adjustment payment for the CHAP rate period shall equal the sum of the amounts described in subsections (a), (b), (d) and (e) above. The critical hospital adjustment payments shall be paid to eligible hospitals on a quarterly basis.

g) Critical Hospital Adjustment Limitations
Hospitals that qualify for trauma center adjustments under subsection (a) shall not be eligible for the total trauma center adjustment if, during the CHAP rate period, the hospital is no longer recognized by the Illinois Department of Public Health as a Level I trauma center as required for the adjustment described in subsection (a)(1) above, or a Level II trauma center as required for the adjustment described in subsection (a)(2) or (a)(3) above. In these instances, the adjustments calculated shall be pro-rated, as applicable, based upon the date that such recognition ceased.

h) In order to maintain critical hospital access, the Department shall make an additional one time CHAP payment in fiscal year 1999 to hospitals that meet one of the following:
1) A hospital located in HSA six, with a sum critical weighting factor equal to or greater than 37.5 that has an MIUR as defined in Section 148.120(k)(5) that is equal to or greater than 60 percent. Such a hospital shall receive $10.50 multiplied by the DHA Medicaid days in the CHAP base period.
2) A hospital qualifying under subsection (c)(1)(A) of this Section with the highest number of Medicaid obstetrical care admissions in the CHAP base period. Such a hospital shall receive $59 multiplied by the DHA Medicaid days in the CHAP base period.

i) Critical Hospital Adjustment Payment Definitions
The definitions of terms used with reference to calculation of the CHAP required by this Section are as follows:
1) "CHAP base period" means State Fiscal Year 1994 for CHAP payments calculated for the July 1, 1995, CHAP rate period; State Fiscal Year 1995 for CHAP payments calculated for the July 1, 1996, CHAP rate period; etc.
2) "CHAP rate period" means, beginning July 1, 1995, the 12 month period beginning on July 1 of the year and ending June 30 of the following year.
3) "Cost per day at 80 percent occupancy" means the estimated inpatient cost per day had the hospital been operating at an 80 percent occupancy rate.
4) "Medicaid general care admission" means hospital inpatient admissions which were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act, excluding admissions for normal newborns,

Medicare/Medicaid crossover admissions, psychiatric and rehabilitation admissions.
5) "Medicaid inpatient day" means hospital inpatient days which were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of the Social Security Act, excluding days for normal newborns and Medicare/Medicaid crossover days.
6) "Medicaid Level I rehabilitation admissions" means those claims billed as Level I admissions which were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, with an occurrence code of 63 when applicable and an ICD-9-CM principal diagnosis code of: 054.3, 310.1 through 310.2, 320.1, 336.0 through 336.9, 344.0 through 344.2, 344.8 through 344.9, 348.1, 801.30, 803.10, 803.84, 806.0 through 806.19, 806.20 through 806.24, 806.26, 806.29 through 806.34, 806.36, 806.4 through 806.5, 851.06, 851.80, 853.05, 854.0 through 854.04, 854.06, 854.1 through 854.14, 854.16, 854.19, 905.0, 907.0, 907.2, 952.6 through 952.09, 952.10 through 952.16, 952.2, and V57.0 through V57.89, excluding admissions for normal newborns.
7) "Medicaid Level I rehabilitation inpatient day" means the days associated with the claims defined in subsection (i)(6) above.
8) "Medicaid obstetrical care admission" means hospital inpatient admissions which were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, for recipients of medical assistance under Title XIX of Social Security Act, with an ICD-9-CM principal diagnosis code of 640.0 through 648.9 with a 5th digit of 1 or 2; 650; 651.0 through 659.9 with a 5th digit of 1, 2, 3, or 4; 660.0 through 669.9 with a 5th digit of 1, 2, 3, or 4; 670.0 through 676.9 with a 5th digit of 1 or 2; or V27 through V27.9; or V30 through V39.9; or any ICD-9-CM principal diagnosis code that is accompanied with a surgery procedure code between 72 and 75.99; and specifically excludes Medicare/Medicaid crossover claims.
9) "Medicaid psychiatric days", as used in subsection (i)(18) below, means hospital inpatient days for the Supplemental CHAP base that are billed to the Department with a category of service 21.
10) "Medicaid rehabilitation days", as used in subsection (i)(18) below, means hospital inpatient days for the Supplemental CHAP base that are billed to the Department with a category of service 22.
11) "Medicaid trauma admission" means those claims billed as admissions which were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, with an

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ICD-9-CM principal diagnosis code of: 800.0 through 800.99, 801.0 through 801.99, 802.0 through 802.99, 803.0 through 803.99, 804.0 through 804.99, 805.0 through 805.98, 806.0 through 806.99, 807.0 through 807.69, 808.0 through 808.9, 809.0 through 809.1, 828.0 through 828.1, 839.0 through 839.3, 839.7 through 839.9, 850.0 through 850.9, 851.0 through 851.99, 852.0 through 852.59, 853.0 through 853.19, 854.0 through 854.19, 860.0 through 860.5, 861.0 through 861.32, 862.8, 863.0 through 863.99, 864.0 through 864.19, 865.0 through 865.19, 866.0 through 866.13, 867.0 through 867.9, 868.0 through 868.19, 869.0 through 869.1, 887.0 through 887.7, 896.0 through 896.3, 897.0 through 897.7, 900.0 through 900.9, 902.0 through 904.9, 925, 926.8, 929.0 through 929.99, 958.4, 958.5, 990 through 994.99. For those hospitals recognized as Level I trauma centers solely for pediatric trauma cases, Medicaid trauma admissions are only calculated for the claims billed as admissions, excluding admissions for normal newborns, which were subsequently adjudicated by the Department through the last day of June preceding the CHAP rate period and contained within the Department's paid claims data base, with ICD-9-CM diagnoses within the above ranges for children under the age of 18 excluding admissions for normal newborns.

12) "Medicaid trauma admission percentage" means a fraction, the numerator of which is the hospital's Medicaid trauma admissions and the denominator of which is the total Medicaid trauma admissions in a given 12 month period for all Level II urban trauma centers.

~~13) "CHAP base period" means State Fiscal Year 1995 for RCHAP's calculated for the July 1, 1996, CHAP rate period; State Fiscal Year 1996 for RCHAP's calculated for July 1, 1997, CHAP rate period; etc.~~

13)~~14)~~ "RCHAP general care admission" means Medicaid General Care Admissions, as defined in subsection (i)(4) above, less RCHAP Obstetrical Care Admissions, occurring in the CHAP base period.

14)~~15)~~ "RCHAP obstetrical care admissions" means Medicaid General Care Admissions, as defined in subsection (i)(4) above, with a Diagnosis Related Group (DRG) of 370 through 375, occurring in the CHAP base period.

15)~~16)~~ "Total Medicaid admissions" means hospital inpatient admissions for the ~~Supplemental~~ CHAP base period for recipients of medical assistance under Title XIX of the Social Security Act, excluding admissions for normal newborns and Medicare/Medicaid crossover admissions.

16)~~17)~~ "Total Medicaid days" means hospital inpatient days for the CHAP base period for recipients of medical assistance under Title XIX of the Social Security Act, excluding days for normal newborns and Medicare/Medicaid crossover admissions.

17)~~18)~~ "DHA Medicaid days" means total Medicaid days that include Medicaid psychiatric days and Medicaid rehabilitation days for

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the CHAP base period multiplied by a factor of two.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

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NOTICE OF PROPOSED RULES

1) Heading of the Part: Managed Care Community Networks

2) Code Citation: 89 Ill. Adm. Code 143

3)

Section Numbers:	Proposed Action:
143.100	New
143.200	New
143.300	New
143.400	New
143.500	New

4) Statutory Authority: Sections 5-11, 5-12 and 5-13 of the Illinois Public Aid Code [305 ILCS 5/5-11, 5-12 and 5-13]

5) Complete Description of the Subjects and Issues Involved: These proposed amendments establish administrative requirements, including certification, quality assurance and review processes, for Managed Care Community Networks (MCCNs) in Illinois. MCCNs are entities, other than health maintenance organizations, that are owned, operated, or governed by providers of health care services within Illinois and that provide or arrange for primary, secondary, and tertiary managed health care services under contract with the Department. MCCNs provide services under such arrangements with the Department exclusively to persons participating in programs administered by the Department. Rates to be paid to MCCNs shall be established by the Department.

These proposed amendments will establish the Department's ability to certify MCCNs as risk-bearing entities eligible to enter into contracts with the Department as Medicaid managed care organizations. It is anticipated that under these new provisions, existing prepaid health plans (PHPs) will convert to MCCNs in order to avoid expiration of PHP contracts and move the existing PHPs to a reimbursement methodology that is comparable to that of a health maintenance organization.

These proposed amendments are not expected to result in any budgetary changes for the Department.

6) Will these proposed amendments replace emergency amendments currently in effect? Yes

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

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11) Time, Place, and Manner in Which Interested Persons May Comment on this Proposed Rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

Joanne Jones
Bureau of Rules
Illinois Department of Public Aid
201 South Grand Ave. E., 3rd Floor
Springfield, Illinois 62763
217/524-0081

The Department requests the submission of written comments within 30 days after the publication of this notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

These proposed amendments may have an impact on small businesses, small municipalities, and not-for-profit corporations as defined in Sections 1-75, 1-80 and 1-85 of the Illinois Administrative Procedure Act [5 ILCS 100/1-75, 1-80, 1-85]. These entities may submit comments in writing to the Department at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS 100/5-30]. These entities shall indicate their status as small businesses, small municipalities, or not-for-profit corporations as part of any written comments they submit to the Department.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Managed Care Community Networks will be affected by this rulemaking. The Department is unsure whether any of the affected entities may qualify as small businesses.

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on Which This Rulemaking Was Summarized: January 1999

The full text of the proposed amendments is identical to the text of the emergency amendments which appears in this issue of the *Register* on page

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NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Medical Payment

2) Code Citation: 89 Ill. Adm. Code 140

3) Section Numbers: Proposed Action:
140.463 Amendment
140.466 Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

5) Complete Description of the Subjects and Issues Involved: The Department is proposing several changes to the rules concerning payment for clinic services. In Section 140.463, proposed changes are being made relative to Federally Qualified Health Centers (FQHCs) that will result in revisions to the Department's methodology for capping payments for dental services. A specific dental rate cap per encounter is provided for the rate year beginning July 1, 1999, and the proposed changes specify that for each subsequent rate year, the cap will be adjusted according to the most recently available Medicare Economic Index. These changes are expected to provide greater stability to the dental payment methodology. These proposed amendments, which have been advocated by the Illinois Primary Health Care Association, are expected to result in a minimal spending increase of $10,000 for fiscal year 2000.

Proposed changes to Section 140.466 are intended to allow the Department to adjust prior claims from hospital-based Rural Health Centers once a cost report has been received by the Department. These changes are necessary to accommodate Rural Health Centers that have had finalization of their cost reports delayed by Medicare intermediaries. It is expected that these proposed changes will result in a budgetary increase of less than $100,000 for fiscal year 2000.

6) Will these proposed amendments replace emergency amendments currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? Yes

Sections	Proposed Action	Illinois Register Citation
140.430	Amendment	November 10, 1998 (22 Ill. Reg. 20511)
140.431	Amendment	November 10, 1998 (22 Ill. Reg. 20511)
140.432	Amendment	November 10, 1998 (22 Ill. Reg. 20511)
140.433	Amendment	November 10, 1998 (22 Ill. Reg. 20511)

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140.434	Amendment	November 10, 1998 (22 Ill. Reg. 20511)
140.438	Amendment	November 10, 1998 (22 Ill. Reg. 20511)
140.461	Amendment	January 4, 1999 (23 Ill. Reg. 128)
140.462	Amendment	January 4, 1999 (23 Ill. Reg. 128)
140.463	Amendment	December 18, 1998 (22 Ill. Reg. 21798)
140.467	Amendment	November 10, 1998 (22 Ill. Reg. 20511)
140.560	Amendment	November 10, 1998 (22 Ill. Reg. 20511)

10) Statement of Statewide Policy Objectives: These proposed amendments do not affect units of local government.

11) Time, Place, and Manner in Which Interested Persons May Comment on this Proposed Rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

Joanne Jones
Bureau of Rules and Regulations
Illinois Department of Public Aid
201 South Grand Ave. E., 3rd Floor
Springfield, Illinois 62763
217/524-0081

The Department requests the submission of written comments within 30 days after the publication of this notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

These proposed amendments may have an impact on small businesses, small municipalities, and not-for-profit corporations as defined in Sections 1-75, 1-80 and 1-85 of the Illinois Administrative Procedure Act [5 ILCS 100/1-75, 1-80, 1-85]. These entities may submit comments in writing to the Department at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS 100/5-30]. These entities shall indicate their status as small businesses, small municipalities, or not-for-profit corporations as part of any written comments they submit to the Department.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Clinics, including Rural Health Clinics, will be affected by this rulemaking. The Department is unsure whether any of the affected entities may qualify as small business.

B) Reporting, bookkeeping or other procedures required for compliance:

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None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on the 2 most recent regulatory agendas because: This rulemaking was inadvertently omitted when the most recent regulatory agenda was published.

The full text of the proposed amendments begins on the next page:

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NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMS

PART 140
MEDICAL PAYMENT

SUBPART A: GENERAL PROVISIONS

Section
140.1 Incorporation By Reference
140.2 Medical Assistance Programs
140.3 Covered Services Under Medical Assistance Programs
140.4 Covered Medical Services Under AFDC-MANG for non-pregnant persons who are 18 years of age or older (Repealed)
140.5 Covered Medical Services Under General Assistance
140.6 Medical Services Not Covered
140.7 Medical Assistance Provided to Individuals Under the Age of Eighteen Who Do Not Qualify for AFDC and Children Under Age Eight
140.8 Medical Assistance For Qualified Severely Impaired Individuals
140.9 Medical Assistance for a Pregnant Woman Who Would Not Be Categorically Eligible for AFDC/AFDC-MANG if the Child Were Already Born Or Who Do Not Qualify As Mandatory Categorically Needy
140.10 Medical Assistance Provided to Incarcerated Persons

SUBPART B: MEDICAL PROVIDER PARTICIPATION

Section
140.11 Enrollment Conditions for Medical Providers
140.12 Participation Requirements for Medical Providers
140.13 Definitions
140.14 Denial of Application to Participate in the Medical Assistance Program
140.15 Recovery of Money
140.16 Termination or Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program
140.17 Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program
140.18 Effect of Termination on Individuals Associated with Vendor
140.19 Application to Participate or for Reinstatement Subsequent to Termination, Suspension or Barring
140.20 Submittal of Claims
140.21 Covered Medical Services for Qualified Medicare Beneficiaries (QMBs)
140.22 Magnetic Tape Billings
140.23 Payment of Claims
140.24 Payment Procedures
140.25 Overpayment or Underpayment of Claims
140.26 Payment to Factors Prohibited

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140.27 Assignment of Vendor Payments
140.28 Record Requirements for Medical Providers
140.30 Audits
140.31 Emergency Services Audits
140.32 Prohibition on Participation, and Special Permission for Participation
140.33 Publication of List of Terminated, Suspended or Barred Entities
140.35 False Reporting and Other Fraudulent Activities
140.40 Prior Approval for Medical Services or Items
140.41 Prior Approval in Cases of Emergency
140.42 Limitation on Prior Approval
140.43 Post Approval for items or Services When Prior Approval Cannot Be Obtained
140.55 Recipient Eligibility Verification (REV) System
140.71 Reimbursement for Medical Services Through the Use of a C-13 Invoice Voucher Advance Payment and Expedited Payments
140.72 Drug Manual (Recodified)
140.73 Drug Manual Updates (Recodified)

SUBPART C: PROVIDER ASSESSMENTS

Section
140.80 Hospital Provider Fund
140.82 Developmentally Disabled Care Provider Fund
140.84 Long Term Care Provider Fund
140.94 Medicaid Developmentally Disabled Provider Participation Fee Trust Fund/Medicaid Long Term Care Provider Participation Fee Trust Fund
140.95 Hospital Services Trust Fund
140.96 General Requirements (Recodified)
140.97 Special Requirements (Recodified)
140.98 Covered Hospital Services (Recodified)
140.99 Hospital Services Not Covered (Recodified)
140.100 Limitation On Hospital Services (Recodified)
140.101 Transplants (Recodified)
140.102 Heart Transplants (Recodified)
140.103 Liver Transplants (Recodified)
140.104 Bone Marrow Transplants (Recodified)
140.110 Disproportionate Share Hospital Adjustments (Recodified)
140.116 Payment for Inpatient Services for GA (Recodified)
140.117 Hospital Outpatient and Clinic Services (Recodified)
140.200 Payment for Hospital Services During Fiscal Year 1982 (Recodified)
140.201 Payment for Hospital Services After June 30, 1982 (Repealed)
140.202 Payment for Hospital Services During Fiscal Year 1983 (Recodified)
140.203 Limits on Length of Stay by Diagnosis (Recodified)
140.300 Payment for Pre-operative Days and Services Which Can Be Performed in an Outpatient Setting (Recodified)
140.350 Copayments (Recodified)
140.360 Payment Methodology (Recodified)

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140.361 Non-Participating Hospitals (Recodified)
140.362 Pre July 1, 1989 Services (Recodified)
140.363 Post June 30, 1989 Services (Recodified)
140.364 Prepayment Review (Recodified)
140.365 Base Year Costs (Recodified)
140.366 Restructuring Adjustment (Recodified)
140.367 Inflation Adjustment (Recodified)
140.368 Volume Adjustment (Repealed)
140.369 Groupings (Recodified)
140.370 Rate Calculation (Recodified)
140.371 Payment (Recodified)
140.372 Review Procedure (Recodified)
140.373 Utilization (Repealed)
140.374 Alternatives (Recodified)
140.375 Exemptions (Recodified)
140.376 Utilization, Case-Mix and Discretionary Funds (Repealed)
140.390 Subacute Alcoholism and Substance Abuse Services (Recodified)
140.391 Definitions (Recodified)
140.392 Types of Subacute Alcoholism and Substance Abuse Services (Recodified)
140.394 Payment for Subacute Alcoholism and Substance Abuse Services (Recodified)
140.396 Rate Appeals for Subacute Alcoholism and Substance Abuse Services (Recodified)
140.398 Hearings (Recodified)

SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

Section
140.400 Payment to Practitioners, Nurses and Laboratories
140.410 Physicians' Services
140.411 Covered Services By Physicians
140.412 Services Not Covered By Physicians
140.413 Limitation on Physician Services
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140.948 Negotiation Procedures (Recodified)
140.950 Factors Considered in Awarding ICARE Contracts (Recodified)
140.952 Closing an ICARE Area (Recodified)
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140.958 Admitting and Clinical Privileges (Recodified)
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140.962 Payment to Hospitals for Inpatient Services or Care not Provided under the ICARE Program (Recodified)
140.964 Contract Monitoring (Recodified)
140.966 Transfer of Recipients (Recodified)
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TABLE L Services Qualifying for 10% Add-On to Surgical Incentive Add-On (Repealed)
TABLE M Enhanced Rates for Maternal and Child Health Provider Services

AUTHORITY: Implementing Article III of the Illinois Health Finance Reform Act [20 ILCS 2215/Art. III] and implementing and authorized by Articles III, IV, V, VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI and 12-13].

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; codified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days;

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amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg.7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.Table H and 140.Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.Table A and 147.Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12

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Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; amended at 13 Ill. Reg. 7025, effective April 24, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective

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October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; Section 140.569 withdrawn at 15 Ill. Reg. 1174; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 Ill. Reg. 6408, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; expedited correction at 16 Ill. Reg. 11348, effective March 20, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19146, effective December 1, 1992; amended at 16 Ill. Reg. 19879, effective December 7, 1992; amended at 17 Ill. Reg. 837, effective January 11, 1993; amended at 17 Ill. Reg. 1112, effective January 15, 1993; amended at 17 Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951, effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February 19, 1993; amended at 17 Ill. Reg. 6196, effective April 5, 1993; amended at 17 Ill. Reg. 6839, effective April 21, 1993; amended at 17 Ill. Reg. 7004, effective May 17, 1993; expedited correction at 17 Ill. Reg. 7078, effective December 1, 1992; emergency amendment at 17 Ill. Reg. 11201, effective July 1, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 15162, effective September 2, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 18571, effective October 8, 1993; emergency amendment at 17 Ill. Reg. 18611, effective October 1, 1993, for a maximum of 150 days; emergency amendment suspended effective October 12, 1993;

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amended at 17 Ill. Reg. 20999, effective November 24, 1993; emergency amendment repealed at 17 Ill. Reg. 22583, effective December 20, 1993; amended at 18 Ill. Reg. 3620, effective February 28, 1994; amended at 18 Ill. Reg. 4250, effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency amendment at 18 Ill. Reg. 10922, effective July 1, 1994, for a maximum of 150 days; emergency amendment suspended, effective November 15, 1994; emergency amendment repealed at 19 Ill. Reg. 5839, effective April 4, 1995; amended at 18 Ill. Reg. 11244, effective July 1, 1994; amended at 18 Ill. Reg. 14126, effective August 29, 1994; amended at 18 Ill. Reg. 16675, effective November 1, 1994; amended at 18 Ill. Reg. 18059, effective December 19, 1994; amended at 19 Ill. Reg. 1082, effective January 20, 1995; amended at 19 Ill. Reg. 2933, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 3529, effective March 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 5663, effective April 1, 1995; amended at 19 Ill. Reg. 7919, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 8455, effective June 9, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 9297, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10252, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13019, effective September 5, 1995; amended at 19 Ill. Reg. 14440, effective September 29, 1995; emergency amendment at 19 Ill. Reg. 14833, effective October 6, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15441, effective October 26, 1995; amended at 19 Ill. Reg. 15692, effective November 6, 1995; amended at 19 Ill. Reg. 16677, effective November 28, 1995; amended at 20 Ill. Reg. 1210, effective December 29, 1995; amended at 20 Ill. Reg. 4345, effective March 4, 1996; amended at 20 Ill. Reg. 5858, effective April 5, 1996; amended at 20 Ill. Reg. 6929, effective May 6, 1996; amended at 20 Ill. Reg. 7922, effective May 31, 1996; amended at 20 Ill. Reg. 9081, effective June 28, 1996; emergency amendment at 20 Ill. Reg. 9312, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 11332, effective August 1, 1996; amended at 20 Ill. Reg. 14845, effective October 31, 1996; emergency amendment at 21 Ill. Reg. 705, effective December 31, 1996, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 3734, effective March 5, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 4777, effective April 2, 1997; amended at 21 Ill. Reg. 6899, effective May 23, 1997; amended at 21 Ill. Reg. 9763, effective July 15, 1997; amended at 21 Ill. Reg. 11569, effective August 1, 1997; emergency amendment at 21 Ill. Reg. 13857, effective October 1, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 1416, effective December 29, 1997; amended at 22 Ill. Reg. 4412, effective February 27, 1998; amended at 22 Ill. Reg. 7024, effective April 1, 1998; amended at 22 Ill. Reg. 10606, effective June 1, 1998; emergency amendment at 22 Ill. Reg. 13117, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16302, effective August 28, 1998; amended at 22 Ill. Reg. 18979, effective September 30, 1998; amended at 22 Ill. Reg. 19898, effective October 30, 1998; emergency amendment at 22 Ill. Reg. 22108, effective December 1, 1998, for a maximum of 150 days; amended at 23 Ill. Reg. [illegible] effective [illegible]

SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

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Section 140.463 Clinic Service Payment

a) Hospital-Based Organized Clinics
   1) With respect to those hospital-based organized clinics that qualify as Maternal and Child Health clinics, as described in Section 140.461(f)(1), payment shall be in accordance with Section 140.930.
   2) With respect to all other hospital-based organized clinics, payment shall be in accordance with 89 Ill. Adm. Code 148.140.
b) Encounter Rate Clinics
   1) For encounter rate clinics providing comprehensive health care for women and infants or encounter rate clinics operated by a county with a population of over three million, payment shall be made at the lesser of:
      A) $50 per encounter; or
      B) The clinic's charge to the general public.
   2) For all other encounter rate clinics, payment shall be made at the lesser of:
      A) The clinic's approved all inclusive interim per encounter rate as of May 1, 1981;
      B) $50 per encounter; or
      C) The clinic's charge to the general public.
c) Federally Qualified Health Centers (FQHC)
   1) Medical Encounter Rate
      A) Payment for services rendered after March 31, 1990, shall be made at an individual, all inclusive, prospective per diem rate calculated on the basis of the Department's encounter rate methodology and audited provider fiscal information reported on the Medicaid Freestanding Federally-Funded Health Center Worksheet (Health Care Financing Administration Form 242), as supplemented by FQHC Medicaid supplemental Schedules A, B and C reflecting the actual costs of delivering encounter services as listed in Section 140.462(d)(2).
      B) All cost reports will be audited by the Department to determine allowable costs for rate setting. The provider will be advised of any adjustments resulting from these audits.
      C) New rates effective each July 1 will be based on certified cost information from the provider's most recently audited fiscal year.
      D) Allowable costs will be updated to the midpoint of the rate year by an inflation factor derived from published economic indices.
      E) Interim payment for covered services rendered by FQHCs enrolled as of March 31, 1990, for which no audited costs are available shall be made at the individual FQHC rate in effect on March 31, 1990, as established by the Department.

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      F) Interim payment for covered services rendered by FQHCs enrolled between March 31, 1990, and January 1, 1991, shall be made at the higher of:
         i) the provider's approved Medicare rate established by the designated federal intermediary for Rural Health Center or Federally Funded Health Center Services; or
         ii) the 75th percentile of the statewide range of the Department's established encounter clinic rates (as defined in subsection (a) above) as of March 31, 1990.
      G) Payment shall be made at the interim rate to FQHCs enrolled before January 1, 1991, for covered services rendered from the later of the date of enrollment or April 1, 1990, until the certified date of provider receipt of the cost-based rate established by the Department for that provider.
      H) When an individual cost-based rate has been established by the Department in accordance with the method described in subsection (c)(1)(A) above, the Department shall reconcile interim payments made for covered services.
         i) Rate retroactivity from April 1, 1990, will only apply to clinics enrolled as of March 31, 1990, which submit an application to the Public Health Service for Federally Qualified Health Center status by November 1, 1990, and are subsequently designated as federally qualified.
         ii) If the cost-based rate is higher than the interim rate, the Department shall pay the provider the rate differential for each claim paid at the interim rate.
         iii) If the cost-based rate is lower than the interim rate, the provider shall refund to the Department the rate differential for each claim paid at the interim rate, either by direct payment to the Department or as a credit applied against future service claims.
      I) Interim payment for covered services rendered by FQHCs enrolled on or after January 1, 1991, shall be made at the higher of:
         i) the provider's approved Medicare rate established by the designated federal intermediary for Rural Health Centers and Federally Funded Health Centers Services; or
         ii) the median of the statewide range of the Department's established cost-based FQHC rates in effect at the time of enrollment.
      J) Payment shall be made at the interim rate for Centers enrolled on or after January 1, 1991, for covered services rendered between the date of enrollment and 30 days after the date of Department receipt of the complete and correct cost report of the provider. Payment for covered medical services rendered by the provider 30 days after Department

receipt of the provider's complete and correct cost report will be made at the rate determined on the basis of the submitted cost report and the Department's FQHC rate methodology.

K) If the FQHC has not submitted the required audited fiscal information on the forms specified in subsection (c)(1)(A) of this Section within 90 days after the certified date of receipt of the forms, the Department shall suspend payment for covered medical services until the required information is received by the Department, unless the enrolled Center has been in operation less than one year and has no audited cost history.

L) Enrolled FQHCs which have been in operation less than one year and have no audited cost history must submit required audited fiscal information reflecting the first six months of operation on the forms specified in subsection (c)(1)(A) of this Section, within 90 days after the later of the end of the sixth month of operation or the certified mail date of receipt of the forms. The rate calculated from these costs will be in effect for services rendered on and after the first day of the month following the month of receipt of the required fiscal information by the Department.

M) The Department will not process a claim for payment of FQHC services rendered after June 30, 1990, that does not indicate all individual medical services delivered during the encounter, by procedure code.

2) Dental Encounter Rate

A) Payment for dental services rendered after March 31, 1990, shall be made at an individual, all inclusive, prospective per diem rate calculated on the basis of the Department's encounter rate methodology and audited provider fiscal information reported on the Medicaid Freestanding Federally-Funded Health Center Worksheet (Health Care Financing Administration Form 242), as supplemented by FQHC Medicaid supplemental Schedules A, B, and C reflecting the actual costs of delivering dental services.

B) Direct costs related to operation of the clinic in order to provide allowable dental services will be reported on the cost report and used in the rate calculation process.

C) All cost reports will be audited by the Department to determine allowable costs for rate setting. The provider will be advised of any adjustments resulting from these audits.

D) New rates effective each July 1 will be based on certified cost information from the provider's most recently audited fiscal year.

E) Allowable costs will be updated to the mid point of the rate year by an inflation factor derived from published economic indices.

F) Payment for covered dental services shall be made by the Department's prepaid dental service contractor.

G) When an individual cost-based rate has been established by the Department in accordance with the method described in subsection (c)(2)(A) above, the Department's prepaid dental service contractor shall reconcile interim payments made for covered dental services.

i) Rate retroactivity will only apply to clinics enrolled as of March 31, 1990, that submit an application to the Public Health Service for Federally Qualified Health Center status by November 1, 1990, and are subsequently designated as federally qualified

ii) If the cost-based rate is higher than the interim rate, the Department's prepaid dental service contractor shall pay the provider the rate differential for each claim paid at the interim rate.

iii) If the cost-based rate is lower than the interim rate, the provider shall refund to the Department the rate differential for each claim paid at the interim rate.

H) Interim payment for covered dental services rendered by FQHCs enrolled on or after January 1, 1991, shall be made at the median of the statewide range of the Department's established cost-based FQHC dental rates in effect at the time of enrollment.

I) Payment shall be made at the interim rate for Centers enrolled on or after January 1, 1991, for covered dental services rendered between the date of enrollment and 30 days after the date of the Department receipt of the complete and correct cost report of the provider. Payment for covered dental services rendered by the provider after 30 days following Department receipt of the provider's complete and correct cost report will be made at the rate determined on the basis of the submitted cost report and the Department's FQHC rate.

J) If the FQHC has not submitted the required audited fiscal information on the forms specified in subsection (c)(2)(A) above within 90 days after the certified mail date of receipt of the forms, the Department's prepaid dental service contractor may ~~shall~~ suspend payment for covered dental services until the required information is received by the Department, unless the enrolled Center has been in operation less than one year and has no audited cost history.

K) Enrolled FQHCs which have been in operation less than one year and have no audited cost history must submit required audited fiscal information reflecting the first six months of operation on the forms specified in subsection (c)(2)(A)

within 90 days after the later of the end of the sixth month of operation or the certified date of receipt of the forms. The rate calculated from these costs will be in effect for dental services rendered on and after the first day of the month following the month of receipt of the required fiscal information by the Department.

L) Effective for the rate year beginning July 1, 1999, encounter rates for dental services shall be capped at $62.31 per encounter. For each subsequent rate year, this dental encounter rate cap will be adjusted, based on the most recently available Medicare Economic Index.

3) Rate Appeals Process

A) All appeals of audit adjustments or rate determinations must be submitted in writing to the Department. Appeals submitted within 30 calendar days after the rate notification, if upheld, shall be made effective as of the beginning of the rate year. The effective date of all other upheld appeals shall be the first day of the month following the date the completed appeal was submitted. Appeals for any rate year must be filed before the close of the rate year.

B) To be accepted for review, the written appeal shall include:

i) The current approved reimbursement rate, allowable costs, and the additional reimbursable costs sought through the appeal;

ii) A clear, concise statement of the basis for the appeal;

iii) A detailed statement of financial, statistical, and related information in support of the appeal, indicating the relationship between the additional reimbursable costs as submitted and the circumstances creating the need for increased reimbursement;

iv) A citation to any mandated or contractual requirement pertinent to the appeal; and

v) A statement by the provider's chief executive officer or financial officer that the application of the rate appeal and information contained in the vendor's reports, schedules, budgets, books, and records submitted are true and accurate.

C) Rate appeals may be considered for the following reasons:

i) Mechanical or clerical errors committed by the provider in reporting historical expenses used in the calculation of allowable costs.

ii) Mechanical or clerical errors committed by the Department in auditing historical expenses as reported and/or in calculating reimbursement rates.

iii) The Department and the provider have entered into a written agreement to amend, alter, or modify

substantive programmatic or management procedures attendant to the delivery of services, which have a substantial impact upon the costs of service delivery.

iv) Substantial treatment service charges are required as a result of mandated regulatory charges.

v) Substantial changes in the physical plant are required as a result of mandated licensure requirements. In such instances, the provider must submit a plan of corrections for capital improvements approved by the licensing authority, along with the required cost information.

vi) State and/or Federal regulatory requirements have generated a substantial increase in allowable costs.

D) The Department shall rule on all appeals within 120 calendar days after receipt of the appeal except that, if additional information is required from the facility, the period shall be extended until such time as the information is provided.

E) Appeals shall be submitted to the Department's Bureau of Comprehensive Health Services, 201 South Grand Avenue East, Concourse, Springfield, Illinois 62763.

d) Maternal and Child Health Clinics. Payment shall be made in accordance with Section 140.930.

e) Transitional Payments for FQHCs and Certain Encounter Rate Clinics

1) Certain clinics will be eligible to receive monthly transitional payments for managing the health care needs of certain clients under their care beginning December 1996. Certain clinics will be eligible to receive transitional payments for the month of December 1996, and monthly thereafter, under the conditions described in this subsection. To receive monthly transitional payments, clinics must:

A) be either:

i) a Federally Qualified Health Center, as defined in Section 140.462(d), or

ii) an Encounter Rate Clinic, as defined in Section 140.462(b), that has provided comprehensive health services to Medicaid clients prior to December 1996;

B) have a signed transitional payment contract with the Department; and

C) have a contract with a Health Maintenance Organization (HMO) or Prepaid Health Plan (PHP) that has a contract to provide comprehensive health services, or, upon the implementation of MediPlan Plus, have a contract with a Managed Care Entity (MCE). When MediPlan Plus is implemented, HMOs, PHPs or Managed Care Community Networks (MCCNs) may serve as MCEs (see 89 Ill. Adm. Code 142.110 for definition of terms).

2) Transitional payments to a clinic will consist of a per member per month payment for any Illinois Medicaid client enrolled with an HMO or PHP or, upon the implementation of MediPlan Plus, an

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MCE, for whom the clinic was their assigned care provider on the last day of the month.

3) For the first six months covered under a transitional payment contract, the Department will make transitional payments for any number of Medicaid clients enrolled with an HMO, PHP or MCCN and assigned to the qualifying clinic as their primary care site. Thereafter, qualified clinics will receive transitional payments for a given month only if the total number of Medicaid clients enrolled with an HMO, PHP or MCCN and assigned to the qualifying clinic, meets or exceeds the following threshold levels established in the qualifying clinic's transitional payment contract for that month:
   A) For the seventh through twelfth month, such threshold shall equal 20 percent of the qualifying clinic's Medicaid patient base;
   B) For the thirteenth through eighteenth month, such threshold shall equal 30 percent of the qualifying clinic's Medicaid patient base;
   C) For the nineteenth through twenty-fourth month, such threshold shall equal 40 percent of the qualifying clinic's Medicaid patient base;
   D) For the twenty-fifth month through the term of the contract, such threshold shall equal 50 percent of the qualifying clinic's Medicaid patient base.
4) The Medicaid patient base shall be a number mutually agreed to by the Department and the qualifying clinic and established in the transitional payment contract that equals the number of Medicaid clients registered as patients of the qualifying clinic as of November 1996. If the qualifying clinic did not have Medicaid clients registered as patients as of November 1996, the mutually agreed to Medicaid patient base shall be the number of Medicaid clients registered as patients of the qualifying clinic as of the sixth month the qualifying clinic receives transitional payments under this Section.
5) Transitional payments shall equal:
   A) eight dollars per member per month for the first 12-month period after the effective date of a clinic's contract with the Department;
   B) six dollars per member per month for the second 12-month period after the effective date of a clinic's contract with the Department;
   C) two dollars per member per month for the third 12-month period after the effective date of a clinic's contract with the Department.
6) Total transitional payments under subsection (e) shall not exceed:
   A) $2,625,000 through June 30, 1997;
   B) $4,500,000 for each 12-month period thereafter that begins

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on July 1 and ends on June 30 of the following year.

7) In the event that payments exceed the limits described in subsection (e)(6) above, the Department will adjust future payments to clinics to recover any excess payment.
8) No clinic qualifying under this subsection (e) shall receive transitional payments beyond the earlier of:
   A) three years from the effective date of a clinic's signed contract, or
   B) June 30, 2000.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

Section 140.466 Rural Health Clinics

a) If it operates as an integral part of a hospital, skilled nursing facility, or other Medicare participating institution, payment will be at an all-inclusive per visit rate calculated and determined reasonable by the Medicare carrier. At the request of such a facility, and upon the receipt of final audited costs as determined by the Medicare carrier, and upon receipt of total encounters, the Department may adjust prior claims back to the closing date of the facility's applicable cost report. To encourage timely completion of a final cost report, the Department may limit the number of years prior claims will be adjusted.
b) If it is a rural health clinic classified as an independent clinic (not part of a Medicare provider) providing Medicare covered services, payment will be at the per visit rate determined by the Medicare carrier to be reasonable.

(Source: Amended at 23 Ill. Reg. _____, effective _____)

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OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Storage, Transportation, Sale and Use of Liquefied Petroleum Gas

2) Code Citation: 41 Ill. Adm. Code 200

3) Section Numbers: Adopted Action
200.10 Amend

4) Statutory Authority: Section 3 of the Liquefied Petroleum Gas Regulations Act [430 ILCS 5/3]

5) Effective date of the amendments: April 1, 1999

6) Does this rulemaking contain an automatic repeal date? No

7) Does the amendment contain incorporations by references? Yes. The amendment updates the referenced edition of a document published by the National Fire Protection Association - NFPA Standard No. 58 Liquefied Petroleum Gas Code - 1998 edition. (Currently, Section 200.10 references the 1995 edition of NFPA 58. The amendment proposes to update this reference to the most recent edition of NFPA 58, effective April 1, 1999).

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of proposal published in Illinois Register:
December 11, 1998 22 Ill Reg 21217

10) Has JCAR issued a Statement of Objections to these amendments? No

11) Differences between proposal and final version:

At 200.10 the words "except that the effective date referred to in Section 1-1.5 of NFPA 58 (1998) is not applicable to this incorporation; rather, the standard will be effective as of April 1, 1999" were added to avoid any confusion concerning the effective date of the adopted NFPA standard in Illinois.

12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements letter issued by JCAR? Yes

13) Will this amendment replace an Emergency Rule currently in effect? No

14) Are there any amendments pending on this Part? No

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15) Summary and purpose of the amendments: By this Notice of Adopted Amendment, the Office is updating Part 200 to reference the most recently published edition of National Fire Protection Association Standard No. 58 "Liquefied Petroleum Gas Code"

The current Section 200.10 references the 1995 edition of NFPA 58 - "Standard for the Storage and Handling of Liquefied Petroleum Gases". The NFPA has now published an updated, 1998 edition of NFPA 58, at the same time changing the title of the standard. The amendment was proposed at the expressed request of the Illinois Propane Gas Association. Language has also been added to indicate that the effective date of any NFPA 58 (1998) requirements in Illinois is April 1, 1999.

16) Information and questions regarding these adopted amendments shall be directed to:

Mr. Jack Ahern
Deputy State Fire Marshal
Division of Fire Prevention
Office of the State Fire Marshal
100 W. Randolph Street, Suite 11-800
Chicago, IL 60601
312/814-2693

The full text of Adopted Amendment(s) begins on the next page:

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OFFICE OF THE STATE FIRE MARSHAL

NOTICE OF ADOPTED AMENDMENTS

TITLE 41: FIRE PROTECTION
CHAPTER I: STATE FIRE MARSHAL

PART 200
STORAGE, TRANSPORTATION, SALE, AND USE
OF LIQUEFIED PETROLEUM GAS

Section
200.5 Introduction
200.10 Storage and Handling of Liquefied Petroleum Gases
200.20 Storage and Handling of Liquefied Petroleum Gases at Utility Gas Plants
200.30 Rules For Installation of Gas Appliances And Gas Piping
200.40 Storage and Handling of Liquefied Petroleum Gas
200.50 Installations Must Be In Compliance
200.60 Submittal Of Plans
200.70 Applications, Plans and Blueprints Must Be Filed in Triplicate -- What Applications and Drawings Must Show
200.80 Operation of Installation Prohibited Until Final Inspection and Approval
200.90 No Supplier Shall Service Any Installation Not In Compliance With Law
200.100 Personnel Must be Properly Trained
200.110 No Self Service Permitted
200.120 Interstate Commerce Commission or Department of Transportation Containers (Repealed)
200.160 Cylinder System Installations (Bottled Gas) (Repealed)
200.170 Minimum Safety Requirements for Manifolding American Society of Mechanical Engineers Containers (Repealed)
200.180 Location of Containers (Repealed)
200.190 Abandoned Tanks
200.200 Marking of Tank Trucks and Trailers (Repealed)
200.210 Lighting Requirements on Trucks and Trailers (Repealed)
200.230 Drivers of Trucks and Trailers Must Be Properly Trained (Repealed)
200.240 When Tank Truck May Not Be Left Unattended (Repealed)
200.250 Tank Trucks and Tractors Must Be In Good Repair (Repealed)
200.260 Parking In Congested Areas Prohibited (Repealed)
200.270 Travel In Heavy Traffic Districts To Be Avoided (Repealed)
200.280 Gear Shift Requirements for Loaded Tank Trucks (Repealed)
200.290 Semi-Trailers Loading and Unloading (Repealed)
200.300 Fire Extinguisher Requirements (Repealed)
200.310 Excess Flow Valves Not To Be Tampered With (Repealed)
200.320 When Transportation and Sale Prohibited (Repealed)
200.330 Containers To Be Transported In Upright Position (Repealed)
200.340 Fireworks Prohibited
200.350 Additional Safety Measures Authorized

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NOTICE OF ADOPTED AMENDMENTS

AUTHORITY: Authorized by and implementing Section 3 of the Liquefied Petroleum Gas Regulation Act [430 ILCS 5/3].

SOURCE: Rules for the Storage, Transportation, Sale and Use of Liquefied Petroleum Gases, filed October 15, 1971; codified at 5 Ill. Reg. 10697; amended at 8 Ill. Reg. 2467, effective June 1, 1984; amended at 19 Ill. Reg. 11455, effective August 1, 1995; amended at 21 Ill. Reg. 4999, effective April 15, 1997; amended at 23 Ill. Reg. 4227, effective APR 1 - 1999.

Section 200.10 Storage and Handling of Liquefied Petroleum Gases

Standards for the Storage and Handling of Liquefied Petroleum Gases as contained in the 1998 ~~1995~~ Edition of ~~Standard~~ NFPA Standard No. 58 Liquefied Petroleum Gas Code, ~~except the provisions of 2-2.6.6~~ by the National Fire Protection Association are mandatory, except that the effective date referred to in Section 1-1.5 of NFPA 58 (1998) is not applicable to this incorporation; rather, the standard will be effective as of April 1, 1999. ~~;~~

(Source: Amended at 23 Ill. Reg. 4227, effective APR 1 - 1999)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED RULES

1) Heading of the Part: Sexually Violent Persons

2) Code Citation: 59 Ill. Adm. Code 299

3)

Section Numbers:	Adopted Action:
299.100	New Rule
299.110	New Rule
299.120	New Rule
299.130	New Rule
299.200	New Rule
299.210	New Rule
299.220	New Rule
299.230	New Rule
299.300	New Rule
299.310	New Rule
299.320	New Rule
299.330	New Rule
299.340	New Rule
299.350	New Rule
299.400	New Rule
299.410	New Rule
299.420	New Rule
299.430	New Rule
299.500	New Rule
299.600	New Rule
299.610	New Rule
299.620	New Rule
299.630	New Rule
299.640	New Rule
299.650	New Rule
299.660	New Rule.
299.670	New Rule
299.680	New Rule
299.690	New Rule
299.700	New Rule
299.800	New Rule
299.810	New Rule
299.820	New Rule
299.830	New Rule
299.840	New Rule
299.850	New Rule
299.900	New Rule
299.910	New Rule
299.920	New Rule
299.930	New Rule
299.940	New Rule
APPENDIX A	New Rule

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED RULES

4) Statutory Authority: Implementing and authorized by the Sexually Violent Persons Commitment Act [725 ILCS 20]

5) Effective Date of Rule(s): March 23, 1999

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rule contain incorporations by reference? No

8) A copy of the adopted rule, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: November 6, 1998, 22 Ill. Reg. 19496

10) Has JCAR Issued a Statement of Objections to these Rules? No

11) Difference(s) between proposal and final version: In Section 299.130(a)(2):

A) Admissions, language changed to allow cooperating agencies to request necessary transfer information

B) Probable cause, language added to seek assistance of Attorney General or States Attorney as needed

C) Juvenile, new language to assist the Department with seeking court orders to provide juvenile records

D) Confidentiality, language added to determine guidelines for obtaining resident records.

Additional minor technical changes were made.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this rule replace an Emergency Rule(s) currently in effect? No

14) Are there any amendments pending on this Part: No

15) Summary and Purpose of Rule(s): This rulemaking establishes the operational directives of the Sexually Violent Commitment Act. The rulemaking sets forth standards for treatment and behavior.

16) Information and answers to questions regarding this adopted rule shall be directed to:

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Ms. Susan Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
3rd Floor, Harris Bldg.
Springfield, Illinois 62762
217/785-9772

The full text of Adopted Rule(s) begins on the next page:

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED RULES

TITLE 59: MENTAL HEALTH
CHAPTER I: DEPARTMENT OF HUMAN SERVICES

PART 299
SEXUALLY VIOLENT PERSONS

SUBPART A: GENERAL PROVISIONS

Section
299.100 Purpose
299.110 Incorporation by Reference
299.120 Definitions
299.130 Records

SUBPART B: DETENTION AND EVALUATION

Section
299.200 Detention Facility
299.210 Temporary Detention
299.220 Evaluator Standards
299.230 Evaluation

SUBPART C: SECURE RESIDENTIAL

Section
299.300 Secure Residential Facility
299.310 Treatment
299.320 Periodic Re-evaluation
299.330 Rights
299.340 Medical Care
299.350 Security

SUBPART D: CONDITIONAL RELEASE

Section
299.400 Plans
299.410 Conditional Release Orders
299.420 Monitoring
299.430 Revocation

SUBPART E: NOTIFICATION OF VICTIMS

Section
299.500 Notification of Victims

SUBPART F: RESIDENT BEHAVIOR MANAGEMENT SYSTEM

Section

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299.600 Resident Behavior Management System
299.610 Violations of Criminal Law
299.620 Applicability
299.630 Rule violation
299.640 Preparation of Incident Reports
299.650 Temporary Assignment to Secure Management Status
299.660 Review of Incident Reports
299.670 Consequences for Rule Violation
299.680 Restitution Procedures
299.690 Placement in Secure Management Status
299.700 Secure Management Status Confinement Standards

SUBPART G: RESIDENT GRIEVANCES

Section
299.800 Filing of Grievances
299.810 Grievance Examiner
299.820 Grievance Procedures
299.830 Emergency Procedures
299.840 Appeals
299.850 Records

SUBPART H: EVALUATION AND RESEARCH

Section
299.900 Program Evaluation
299.910 Research
299.920 Requirements for Submitting Research Proposals
299.930 Criteria for Approval or Denial of Research Proposals
299.940 Requirements for Conducting Research Projects

APPENDIX A Rule Violations

AUTHORITY: Implementing and authorized by the Sexually Violent Persons Commitment Act [725 ILCS 20].

SOURCE: Adopted by emergency rulemaking at 22 Ill. Reg. 19608, effective October 26, 1998, for a maximum of 150 days; adopted at 23 Ill. Reg. 4231, effective MAR 23 1999.

SUBPART A: GENERAL PROVISIONS

Section 299.100 Purpose

This rule implements the Sexually Violent Persons Commitment Act [725 ILCS 207].

Section 299.110 Incorporation by Reference

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NOTICE OF ADOPTED RULES

Any rules of an agency of the United States or the State of Illinois or of a nationally-recognized organization or association that are incorporated by reference in this Part are incorporated as of the date specified and do not include any later amendments or editions.

Section 299.120 Definitions

"Act" means the Sexually Violent Persons Commitment Act [725 ILCS 207].

"Act of sexual violence" means an act or attempted act that is a basis for an allegation made in a petition under paragraph (b)(1) of Section 15(b)(1) of the Act.

"Behavior Committee" means the resident's primary therapist, a security representative and at least one other member of the resident's treatment team.

"Behavioral restriction" means the withdrawal of positive incentives (e.g., restrictions of privileges and liberties) as a consequence to inappropriate behavior.

"Body search" means the removal and search of all outer garments such as coats, jackets, sweaters covering shirts, shoes, hats and gloves and a pat down of the person subsequent to removal of the outer garments.

"Chief Administrative Officer" means the highest ranking official (i.e., warden) of a correctional facility where a secure residential facility is located, or that person's designee.

"Clinical Director" means the Associate Director for Clinical Services for the Division of Disability and Behavioral Health Services of the Department, or that person's designee.

"Committed person" means a person who has been committed by the court as a sexually violent person.

"Contraband" means items that are proscribed by criminal law, departmental or facility rules or posted notices; items that a resident has no authorization to possess; or property that is in excess of that authorized by the facility.

"Corporal punishment" means physical contact intended to inflict pain for purposes of punishment.

"Correctional facility" means that correctional facility where a secure residential facility is located.

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"Department" means the Department of Human Services.

"Detained person" means a person who the court has sent to a detention facility, approved by the Department, pursuant to a detention order or after a probable cause hearing under Section 30 of the Act.

"Force" means physical contact used to coerce or prevent some action on the part of a resident.

"Immediate family" means the spouse, child, parent or sibling(s) of the resident.

"Individual services plan" means a plan of treatment individualized for each resident that is formulated and periodically reviewed by the treatment team.

"Management status" means the provision of different levels of privileges, responsibilities and activities to provide a greater degree of individualization in the treatment of residents (e.g., admission status, secure management status, general status, high privilege status).

"Mental disorder" means a congenital or acquired condition affecting the emotional or volitional capacity that predisposes a person to engage in acts of sexual violence.

"Physician" means any person licensed by the State of Illinois to practice medicine in all its branches and includes any person holding a temporary license, as provided in the Medical Practice Act of 1987. Physician includes a psychiatrist as defined in this Section.

"Primary therapist" means the clinical staff person responsible for implementing the resident's treatment plan.

"Program" means the Sexually Violent Persons Program.

"Program Administrator" means the person responsible for the Department's Sexually Violent Persons Treatment Program, or that person's designee.

"Program Director" means the highest ranking official of a secure residential facility, or that person's designee.

"Psychiatrist" means a physician who has at least 3 years of formal training or primary experience in the diagnosis and treatment of mental illness.

"Psychologist" means a person who is licensed under the Clinical

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Psychologist Licensing Act.

"Psychotropic medication" means medication whose use for antipsychotic, antidepressant, antimanic, antianxiety, antiandrogenic, behavior modification or behavioral management purposes is listed in the Physician's Desk Reference, 1999 edition, or that are administered for any of these purposes. It also includes those tests and related procedures that are essential for the safe and effective administration of a psychotropic medication.

"Qualified professional" means a physician, psychiatrist or psychologist, with at least two years of experience in the treatment and evaluation of persons who have committed acts of sexual violence.

"Resident" means either a detained person or a committed sexually violent person placed in a facility.

"Secretary" means the Secretary of the Department of Human Services, or that person's designee.

"Secure residential facility" or "facility" refers to the program operated by the Department within the building supplied by the Illinois Department of Corrections in accord with Section 50 of the Act.

"Strip search" means the removal or arrangement of some or all of a person's clothing so as to permit a visual inspection of the body or undergarments of such person.

"Transferring authority" means the agency with jurisdiction, as defined in Section 10 of the Act, that had custody and control of the person prior to detention under the Act.

"Treatment" means an effort to accomplish an improvement in the mental disorder of a committed person. This includes, but is not limited to, individual and group therapy, behavior modification programs, and medication.

"Treatment Review Committee" means the committee appointed by the Program Administrator for the review of orders of the administration of psychotropic medications.

"Treatment team" or "team" means a cross functional, multi-disciplinary group composed, at a minimum, of the resident's primary therapist, a medical representative, a security representative, a recreation therapist or substance abuse counselor, and a psychologist.

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"Victim" means a person against whom an act of sexual violence has been committed.

Section 299.130 Records

a) Required Admission Documents
When a resident or detained person is delivered to the custody of the Department, the following documents shall be requested:
1) Of the court:
A) A copy of the detention order or the court order finding probable cause that orders the person evaluated in a detention facility or the court order that commits the person to the custody of the Department.
B) A copy of the petition.
C) All additional matters that the court directs the clerk to transmit.
2) Of the transferring authority:
A) Admissions:
Prior to the admission of a new resident, the Department shall request a detention summary from the transferring authority. The Department shall request that the detention summary contain any relevant medical, psychiatric or psychological information in the transferring authority's records to allow Department treatment and evaluation staff to prepare for behavioral or health needs of the resident. The Department shall further request that the transferring authority share the master file, medical file, and clinical and field services information pertaining to the resident as necessary for the proper evaluation and treatment to the resident and for program safety and security. Prior to the admission of a new resident, the Department shall request a copy of the report recommending commitment and/or petition seeking commitment from the Attorney General and/or State's Attorney filing the petition.
B) Probable Cause:
Following a probable cause hearing in which the court enters a finding of probable cause, the Department shall request the Attorney General's Office or appropriate State's Attorney to provide documents in its possession which were provided as required under the Act in support of the transferring authority's recommendation for commitment and/or records gathered by the Attorney General or State's Attorney in preparation for filing the petition seeking commitment. The Department shall further request upon a finding of probable cause that the transferring authority make the resident's criminal history, disciplinary history, mental health records, escape risk and other relevant information accessible to the Department if the Attorney

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General or State's Attorney has not already provided this information.
C) Juveniles:
Prior to the admission of a juvenile, the Department shall request the Attorney General or State's Attorney of the appropriate county to seek a court order allowing the Attorney General or State's Attorney to provide juvenile records which were provided to the Attorney General or State's Attorney in support of the transferring authority's recommendation for commitment pursuant to the Act to the Department and to further enter an order allowing the transferring authority to make the master file, medical file, and clinical records of the juvenile accessible to the Department for purposes of the juvenile's custody, care and treatment.
D) Confidentiality:
The Department is responsible for maintaining the confidentiality and security of any and all documents and records that are made accessible and/or provided to the Department.
b) Access to Records
1) Records of a resident may be accessed by the resident, treatment staff, and persons authorized by the resident, and as necessary to complete the functions of the Act or as otherwise ordered by a court.
2) The Department may require payment of copying costs for any records it is asked to produce.
3) The Department shall maintain a record in each resident's file that indicates:
A) The parties who have requested to inspect or copy clinical records; and
B) The clinical records inspected or copied.

SUBPART B: DETENTION AND EVALUATION

Section 299.200 Detention Facility

The Department may utilize a secure residential facility as a detention facility. To the extent possible considering operational, programmatic and security needs, detained persons shall be kept separate from committed persons. The Department also approves all Illinois Department of Corrections correctional facilities for the detainment of individuals until they complete any term of imprisonment imposed for a criminal conviction or adjudication of delinquency. While in the Department of Corrections, the Department of Corrections remains responsible for their care and custody.

Section 299.210 Temporary Detention

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During the course of a trial or when the detained person or committed person is ordered by the court to be present in a county, the county jail is approved for use as a temporary detention site. While in the county jail, the jail is responsible for their care and custody.

Section 299.220 Evaluator Standards

The evaluator shall be a physician, psychiatrist, or clinical psychologist who has a minimum of two years experience providing sex offender evaluation and treatment.

Section 299.230 Evaluation

An evaluation shall be conducted pursuant to Section 30 of the Act for the purpose of determining whether a detained person meets the criteria for commitment as a sexually violent person under the Act. The evaluation shall consist of, but not be limited to, a mental status examination, standardized psychological tests, a social history including information concerning sexual behaviors, an assessment of alleged and self-reported sexual behaviors, and a review of available records. The evaluation may also include an objective sexual assessment.

SUBPART C: SECURE RESIDENTIAL

Section 299.300 Secure Residential Facility

The secure residential facility shall be operated by the Department in a facility provided by the Department of Corrections pursuant to Section 50 of the Act. Standards for living conditions shall include the following provisions:

a) All double-room assignments shall be screened for appropriateness based on safety, security and treatment considerations.
b) Minimally, each cell shall be furnished with:
   1) A bed securely fastened to the cell;
   2) Clean bedding, including a mattress, blanket, sheets, pillow and pillow case;
   3) A wash basin with running water and flushable toilet facilities (controls may be located outside the cell); and
   4) Adequate lighting for reading and observation purposes.
c) Cells shall be located at or above ground level, and have heat and ventilation consistent with the climate.
d) Each cell shall have a single door and a food passage. When only a solid door is available, it shall be provided with a vision panel.
e) Cleaning materials shall be made available on a regular basis.
f) Personal health and hygiene needs of the resident shall be addressed as follows:
   1) A shower and shave no less than once per week.
   2) State issued toilet tissue, soap, shampoo, shaving cream, towel,

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toothbrush, and toothpaste for daily use if the resident has insufficient commissary funds to purchase these items.
   3) A weekly exchange of clean institutional clothes or availability of laundry services at least weekly.
   4) False teeth, eye glasses, prosthetic devices and other essential items of personal hygiene and health shall be permitted unless they are a threat to safety or security.

Section 299.310 Treatment

a) A resident shall be provided with adequate and humane care and treatment services pursuant to an individual services plan, which shall be formulated and periodically reviewed by the treatment team with the participation of the resident to the extent feasible and, where appropriate, such resident's guardian. A qualified professional shall be responsible for overseeing the implementation of such plan.
b) Residents shall attend scheduled individual and group therapy sessions, objective sexual assessment appointments, and other programming as set forth in the individualized services plans. A resident may be excused from attendance requirements by the Program Director for illness, pursuant to the Resident Behavior Management System or for other good cause.
c) If the services plan includes the administration of medication, the physician shall advise the resident, in writing, of the side effects of the medication to the extent such advice is consistent with the nature and frequency of the side effects and the resident's ability to understand the information communicated.
d) Care and treatment shall include the regular use of sign language for any hearing impaired individual for whom sign language is a primary mode of communication and an interpreter for persons who do not understand English.
e) If the resident refuses to consent to or enter recommended treatment, demonstrates disinterest or a lack of progress attributable to poor motivation within treatment, the team may reassign the resident to another management status.

Section 299.320 Periodic Re-evaluation

a) The Department shall conduct an examination of the mental condition of a committed person within 6 months after an initial commitment and again at least once each 12 months for the purpose of determining whether the person has made sufficient progress to be conditionally released or discharged.
b) Any evaluator conducting an examination under Section 55 of the Act shall prepare a written report of the examination no later than 30 days after the date of the examination. The evaluator shall place a copy of the report in the person's clinical records and shall provide a copy of the report to the court that committed the person.

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Section 299.330 Rights

a) No resident shall be presumed incompetent, nor shall such person be held legally disabled, except as determined by a court. Such determination shall be separate from a judicial proceeding held to determine whether a person is subject to commitment as a sexually violent person.

b) Residents shall be provided reasonable opportunities to pursue their religious beliefs and practices subject to the Program's concerns regarding security, safety, rehabilitation, institutional order, space, and resources. A resident who is an adherent or a member of any well-recognized religious denomination, the principles and tenets of which teach reliance upon services by spiritual means through prayer alone for healing by a duly accredited practitioner thereof, shall have the right to choose such services. The parent or guardian of a resident who is a minor, or a guardian of a resident who is not a minor, shall have the right to choose services by spiritual means through prayer for the resident.

c) A resident may perform labor to which he consents, if the professional responsible for overseeing the implementation of the services plan for the resident determines that the labor would be consistent with the plan. A resident who performs labor which is of any consequential economic benefit to the Department shall be adequately compensated commensurate with the value of the work performed, in accordance with applicable federal and State statutes and regulations. A resident may be required to perform tasks of a personal housekeeping nature without compensation.

d) An adult resident, or, if the resident is under guardianship, the resident's guardian, may refuse generally accepted treatment services, except the Resident Behavior Management System.

1) Administration of Psychotropic Medication

A) Psychotropic medication shall not be administered to any resident against his or her will or without the consent of the parent or guardian of a minor who is under the age of 18, unless:

i) A psychiatrist, or in the absence of a psychiatrist a physician, has determined that: the resident suffers from a mental illness or mental disorder; and the medication is in the medical interest of the resident; and the resident is either gravely disabled or poses a likelihood of serious harm to self or others; and

ii) The administration of such medication has been approved by the Treatment Review Committee after a hearing (see subsection (d)(2) of this Section). However, no such approval or hearing shall be required when the medication is administered in an emergency situation. An emergency situation exists whenever the required determinations listed in subsection (d)(1)(A)(i) of this Section have been made and a psychiatrist, or in the absence of a psychiatrist a physician, has determined that the resident poses an imminent threat of serious physical harm to self or others. In all emergency situations, the procedures set forth in subsection (d)(5) of this Section shall be followed.

B) Whenever a physician orders the administration of psychotropic medication to a resident against the person's will, the physician shall document in the resident's clinical file the facts and underlying reasons supporting the determination that the standards in subsection (d)(1)(A) of this Section have been met and:

i) the Program Administrator shall be notified as soon as practicable; and

ii) unless the medication was administered in an emergency situation, the Chairperson of the Treatment Review Committee shall be notified in writing within three days.

2) Treatment Review Committee Hearing Procedures

The Treatment Review Committee shall be comprised of three members appointed by the Program Administrator, two of whom shall be mental health professionals and one of whom shall be a physician. One member shall serve as Chairperson of the Committee. None of the Committee members may be involved in the current decision to order the medication. The members of the Committee shall have completed a training program in the procedural and mental health issues involved that has been approved by the Clinical Director.

A) The Program Administrator shall designate a member of the program staff not involved in the current decision to order medication to assist the resident. The staff assistant shall have completed a training program in the procedural and mental health issues involved that has been approved by the Clinical Director.

B) The resident and staff assistant shall receive written notification of the time and place of the hearing at least 24 hours prior to the hearing. The notification shall include the tentative diagnosis and the reasons why the medical staff believes the medication is necessary. The staff assistant shall meet with the resident prior to the hearing to discuss the procedural and mental health issues involved.

C) The resident shall have the right to attend the hearing unless the Committee determines that it is likely that the person's attendance would subject the person to substantial risk of serious physical or emotional harm or pose a threat to the safety of others. If such a determination is made,

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the facts and underlying reasons supporting the determination shall be documented in the resident's clinical file. The staff assistant shall appear at the hearing whether or not the resident appears.

D) The documentation in the clinical file referred to in subsection (d)(1)(B) of this Section shall be reviewed by the Committee and the Committee may request the physician's personal appearance at the hearing.

E) Prior to the hearing, witnesses identified by the resident and the staff assistant may be interviewed by the staff assistant after consultation with the resident as to appropriate questions to ask. Any such questions shall be asked by the staff assistant unless cumulative, irrelevant, or a threat to the safety of individuals or the security of the facility.

F) Prior to the hearing, the resident and the staff assistant may request in writing that witnesses be interviewed by the Committee and may submit written questions for witnesses to the Chairperson of the Committee. These questions shall be asked by the Committee unless cumulative, irrelevant, or a threat to the safety of individuals or the security of the facility. If any witness is not interviewed, a written reason shall be provided.

G) Prior to the hearing, the resident and the staff assistant may request in writing that witnesses appear at the hearing. Any such request shall include an explanation of what the witnesses are expected to state. Reasonable efforts shall be made to have such witnesses present at the hearing, unless their testimony or presence would be cumulative, irrelevant, or a threat to the safety of individuals or the security of the facility, or for other reasons including, but not limited to, unavailability of the witness or matters relating to institutional order. In the event requested witnesses are unavailable to appear at the hearing but are otherwise available, they shall be interviewed by the Committee as provided for in subsections (d)(2)(F) and (d)(2)(I) of this Section.

H) At the hearing, the resident and the staff assistant may make statements and present documents that are relevant to the proceedings. The staff assistant may direct relevant questions to any witnesses appearing at the hearing. The resident may request that the staff assistant direct relevant questions to any witnesses appearing at the hearing and the staff assistant shall ask such questions unless cumulative, irrelevant, or a threat to the safety of individuals or the security of the facility.

I) The Committee shall make such investigation as it deems necessary. The staff assistant shall be informed of any

investigation conducted by the Committee and shall be permitted to direct relevant questions to any witnesses interviewed by the Committee. The staff assistant shall consult with the resident regarding any statements made by witnesses interviewed by the Committee and shall comply with requests by the resident to direct relevant questions to such witnesses unless cumulative, irrelevant, or a threat to the safety of individuals or the security of the facility.

J) The Committee shall consider all relevant information and material that has been presented in deciding whether to approve administration of the medication.

K) A written decision shall be prepared and signed by all members of the Committee that contains a summary of the hearing and the reasons for approving or disapproving the administration of the medication. Copies of the decision shall be given to the resident, the staff assistant, and the Program Administrator. Any decision by the Committee to approve involuntary administration of psychotropic medication must be unanimous. The Program Administrator shall direct staff to comply with the decision of the Committee.

L) If the Committee approves administration of the medication, the resident shall be advised of the opportunity to appeal the decision to the Clinical Director by filing a written appeal with the Chairperson within five days after the resident's receipt of the written decision.

3) Review by Clinical Director

A) If the resident appeals the Treatment Review Committee's decision, staff shall continue to administer the medication as ordered by the physician and approved by the Committee while awaiting the Clinical Director's decision on the appeal.

B) The Chairperson of the Committee shall promptly forward the written notice of appeal to the Clinical Director or a physician designated by the Clinical Director.

C) Within five working days after receipt of the written notice of appeal, the Clinical Director shall:

i) Review the Committee's decision, make such further investigation as deemed necessary, and submit a written decision to the Program Administrator; and

ii) Provide a copy of the written decision to the resident, the staff assistant, and the Chairperson of the Committee.

D) The Program Administrator shall direct staff to comply with the decision of the Clinical Director.

4) Periodic Review of Medication

A) Whenever any resident has been involuntarily receiving psychotropic medication continuously or on a regular basis

for a period of six months, the administration of such medication shall, upon the resident's written request, be reviewed by the Treatment Review Committee in accordance with the procedures enumerated in subsections (d)(2) and (d)(3) of this Section. Every six months thereafter, for so long as the involuntary medication continues on a regular basis, the resident shall have the right to a review hearing upon written request.

B) Every resident who is involuntarily receiving psychotropic medication shall be evaluated by a psychiatrist at least every 30 days, and the psychiatrist shall document in the resident's clinical file the basis for the decision to continue the medication.

5) Emergency Procedures
Subsequent to the involuntary administration of psychotropic medication in an emergency situation:

A) The basis for the decision to administer the medication shall be documented in the resident's clinical file and a copy of the documentation shall be given to the resident and to the Clinical Director for review.

B) A mental health professional shall meet with the resident to discuss the reasons why the medication was administered and to give the resident an opportunity to express any concerns he or she may have regarding the medication.

6) Documentation
Copies of all notifications and written decisions concerning involuntary administration of psychotropic medication shall be placed in the resident's clinical file.

7) Minors
In the case of a resident who is a minor under the age of 18, the parent or guardian shall be sent the documentation and written decisions that are provided to the resident pursuant to this Section and shall be permitted to attend and participate in any proceedings required by this Section. Notice of any Treatment Review Committee hearing shall be promptly sent to the parent or guardian and reasonable attempts shall be made to provide such notice at least 72 hours prior to the hearing.

e) Residents may only acquire personal property in accordance with provisions of this Part or posted rules established by the Program Director where the resident is assigned. Every resident who resides in a secure residential facility shall be permitted to receive, possess and use personal property and shall be provided with a reasonable amount of storage space therefor, except as provided in posted rules established by the Program Director.

1) Possession and use of certain classes of property may be restricted by the Program Director when necessary to protect the resident or others from harm.

2) The professional responsible for overseeing the implementation of

a resident's services plan may, with the approval of the Program Director, restrict the right to property when necessary to insure implementation of the services plan, protect such resident or others from harm, or as part of the Resident Behavior Management System.

3) When a resident is discharged from the facility, all of his or her lawful personal property that is in the custody of the facility shall be returned.

4) A resident may use his or her funds as he or she chooses, unless he or she is a minor or prohibited from doing so under a court guardianship order. A resident may deposit or cause to be deposited money in his or her name with the Department or a financial institution with the approval of the Department and the financial institution. When a resident is discharged from the Department, all of his or her unspent money, including earnings, shall be returned.

f) A resident shall be permitted reasonable communication with persons of choice by mail, telephone and visitation. Communications may be reasonably restricted, censored, screened or monitored to protect the resident or others from harm, harassment or intimidation or to insure implementation of the resident's services plan. The Program Director, in conjunction with the Chief Administrative Officer, shall set the times and places for the use of telephones and visits.

g) Upon commencement of services, or as soon thereafter as the condition of the resident permits, every resident who is 12 years of age or older and the parent or guardian of a minor or person under guardianship shall be informed orally and in writing of the rights guaranteed by this Part that are relevant to the nature of the services plan. Every facility shall also post conspicuously in public areas a summary of the rights that are relevant to the services delivered by that facility.

h) Whenever the rights of a resident that are specified in this Section are restricted, the professional responsible for overseeing the implementation of the resident's services plan shall be responsible for promptly giving notice of the restriction.

i) The Program Administrator and the Program Director of each secure residential facility shall adopt in writing such policies and procedures as are necessary. Such policies and procedures may amplify or expand, but shall not restrict or limit, the rights of residents.

Section 299.340 Medical Care

a) Emergency treatment shall be available to residents 24 hours a day.

b) Residents shall be informed of the institutional procedures for obtaining medical or dental services.

c) Persons committed to the secure residential facilities shall be provided medical and dental treatment, with the consent of the parent or guardian where applicable, as prescribed by a physician or

dentist.

d) A resident who has or is suspected of having a communicable disease may be isolated from other residents. This determination shall be made by a physician as deemed medically necessary.

e) In case of critical illness or major surgery, the Program Director shall attempt to notify the person designated by the resident to be contacted in case of an emergency and, where applicable, the parent or guardian.

f) A record of all medical and dental examinations, findings, and treatment shall be maintained.

Section 299.350 Security

a) Use of Force
   1) Force shall be employed only as a last resort or when other means are unavailable or inadequate, and only to the degree reasonably necessary to achieve a permitted purpose. Department staff shall not employ deadly force.
   2) Use of force shall be terminated as soon as force is no longer necessary.
   3) Medical screening and/or care shall be conducted following any use of force that results in bodily injury.
   4) Corporal punishment is prohibited.

b) Force may be used under the following circumstances:
   1) To compel compliance with a lawful order given by an employee to ensure the safety and security of the facility.
   2) To protect oneself or any other person from physical assaults, injury or death.
   3) To prevent escapes from the facility or from the custody of employees in the community.
   4) To protect State property or the property of others from unauthorized use, possession, damage or destruction.
   5) To prevent or suppress a riot, revolt, mutiny or insurrection, or other serious disturbance.

c) Training
   Training in procedures for use of force shall be conducted for all institutional security employees along with yearly reviews.

d) Movement of Residents
   Handcuffs, security belts and/or leg irons may be used to restrain any resident when:
   1) A person confined pending a review of an incident under Section 299.660 or in secure management status (Sections 299.650 and 299.690) is moved within the facility,
   2) A resident is transported outside the facility, or
   3) Determined by the Program Director to be necessary for security.

e) Response to Serious Institutional Disturbances
   1) The Program Director may confine residents temporarily in all or part of the facility when determined necessary in order to

maintain security of the facility or the safety of residents, employees or other persons. This decision is to be made independently of the decision by the Chief Administrative Officer to place the correctional facility on lock-down status.
   2) The decision to impose a temporary facility confinement shall be reviewed and approved by the Program Administrator, whenever possible, prior to the imposition of the temporary facility confinement, but in any event, promptly thereafter.
   3) Continuation of the temporary facility confinement shall be reviewed every 10 days by the Program Director and the Program Administrator.

f) Searches for Contraband
   1) Searches of Visitors
      A) All persons and items brought onto State property are subject to search. Prominent notices to this effect shall be posted at each facility. Visitors are also subject to the rules of the Department of Corrections (20 Ill. Adm. Code 501 and 525) and rules and policies governing the correctional facility where the secure residential facility is located.
      B) A visitor may refuse to submit to a search. However, failure to submit to a search may result in denial, suspension or restriction of visiting privileges.
   2) Searches of Residents
      A) All residents and their clothing, property, housing and work assignments are subject to search at any time.
      B) All residents are subject to testing for alcohol or substance use, including but not limited to urinalysis.

SUBPART D: CONDITIONAL RELEASE

Section 299.400 Plans

a) Following notification by the court that a committed person is appropriate for conditional release, the Department shall prepare a plan that identifies the treatment and services that the person will receive in the community. The plan shall address the person's need, if any, for supervision, counseling, medication, community support services, residential services, vocational services, and alcohol or other drug abuse treatment. The Department may contract with a county health department, with another public agency or with a private agency to provide the treatment and services identified in the plan. The plan shall specify who will be responsible for providing the treatment and services identified in the plan.

b) For a committed person who is to be conditionally released under an initial commitment order, the plan shall be presented to the court for its approval within 21 days after the court finding that the person is appropriate for conditional release, unless the Department and the

person to be released request additional time to develop the plan.

c) For a committed person who is to be conditionally released from a secure residential facility, the plan shall be presented to the court for its approval within 60 days after the court finding that the person is appropriate for conditional release, unless the Department and the person to be released request additional time to develop the plan.

Section 299.410 Conditional Release Orders

An order for conditional release places the committed person in the custody and control of the Department, and the person is subject to the conditions set by the court and the rules of the Department.

Section 299.420 Monitoring

The Department may contract with a county health department, or with other public or private agencies, to provide monitoring, treatment and services.

Section 299.430 Revocation

a) If the Department alleges that a released person has violated any condition or rule, or that the safety of others requires that conditional release be revoked, he or she may be taken into custody pursuant to Section 40 of the Act.

b) The Department shall submit a statement showing probable cause for the detention and a petition to revoke the order for conditional release to the committing court within 48 hours after the detention.

c) Pending the revocation hearing, the person may be detained in a jail, a hospital or treatment facility.

SUBPART E: NOTIFICATION OF VICTIMS

Section 299.500 Notification of Victims

a) If the court places a committed person on conditional release under Section 40 of the Act or discharges a person under Section 60 or 65, the Department shall notify all of the following who have requested notification under the Act or under the Rights of Crime Victims and Witnesses Act:
   1) The victim of the act of sexual violence.
   2) An adult member of the victim's family, if the victim died as a result of the act of sexual violence.
   3) The victim's parent or legal guardian, if the victim is younger than 18 years.
   4) The Department of Corrections.

b) The notice to the Department of Corrections and the person(s) to be notified shall state the name of the person committed under this Act and the date the person is placed on conditional release or discharged. The Department shall send the notice, postmarked at least 7 days before the date the person committed under the Act is placed on conditional release or discharged, to the Department of Corrections and the last-known address of the person(s) to be notified under subsection (a) of this Part.

c) The Department shall design and prepare cards for persons specified in subsection (a) of this Part to send to the Department. The cards shall have space for these persons to provide their names and addresses, the name of the person committed under this Act and any other information the Department determines is necessary. The Department shall provide the cards, without charge, to the Attorney General and State's Attorneys. The Attorney General and State's Attorneys shall provide the cards, without charge, to persons specified in subsection (a) of this Section. These persons may send completed cards to the Department. All records or portions of records of the Department that relate to mailing addresses of these persons are not part of the resident's file nor subject to inspection or copying under Section 3 of the Freedom of Information Act.

d) The Department may request victim impact statements for use in conducting evaluations and providing treatment.

SUBPART F: RESIDENT BEHAVIOR MANAGEMENT SYSTEM

Section 299.600 Resident Behavior Management System

The Resident Behavior Management System is a milieu treatment program designed to promote a safe and secure environment for treatment. Abiding by this Part and the requirements of the unit and participating in treatment may be encouraged through the use of positive incentives (e.g., increased level of privileges, special activities, etc.). Behavior that violates this Part or the rules of the Program or the unit shall be discouraged through the withdrawal of positive incentives (e.g., restrictions of privileges and liberties) and redirection to appropriate activities. As determined by the Program Director, the Program may establish differing management levels (e.g., admission status, secure management status, general status, high privilege status) to provide a greater degree of individualization in the Resident Behavior Management System.

Section 299.610 Violations of Criminal Law

Where reasonable grounds exist to suspect that a resident has committed a violation of criminal law, it shall be reported to the State's Attorney of the county in which the incident occurred or to the appropriate law enforcement agency official. Such referral is independent of any action under the Resident Behavior Management System.

Section 299.620 Applicability

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a) Program and unit rules are to promote a safe and secure environment for treatment. All residents are expected to comply with the Program and unit rules as well as staff orders. Disagreement with a staff order will be discussed only after the resident has complied with the order. If off unit, disagreements will be discussed only upon return to the unit. In a situation where one or more residents are not following staff orders, staff will implement security measures to ensure everyone's safety and security (e.g., staff may direct all residents to their rooms).
b) All residents will be given adequate notice of the Program rules and unit rules either directly by staff or presumptively by posting of the rules. Residents shall be informed of the rules upon admission and the specific Program and unit rules shall be posted on the units. Changes in rules shall also be posted on the units. Only those rules that have been posted may be enforced.
c) Rules apply equally to all residents in similar circumstances. Differences in situations that are relevant to differences in limitations are within staff discretion; however, such differences must be documented and applied for determining aggravating and mitigating circumstances.
d) The decision that a resident has violated a rule shall be based upon the best available evidence and that evidence must show it is more likely than not that the resident violated the rule. Staff may weigh the credibility of witnesses in making the decision.
e) Corporal punishment, restrictions on diet, medical or sanitary facilities, clothing, bedding, or legal mail, or access to legal counsel and reductions in the frequency of use of toilets, washbowls and showers shall be prohibited from consideration under the Resident Behavior Management System.

Section 299.630 Rule violation

a) Behavior that jeopardizes the safety of the residents, staff or others, or the security of the Program or unit, or presents significant management difficulties is considered a major rule violation. Behavior that violates this Part or the Program or unit rules, but does not place anyone in jeopardy, compromise the security of the Program or present significant management difficulties, is a minor rule violation. When the classification is unclear, staff has the discretion to determine whether the rule violation is major or minor.
b) A description of behaviors is included as Appendix A.
c) Every resident is presumed to be responsible for any contraband or other property that is prohibited by this Part or by Program and unit rules when such contraband or property is located on his or her person, within his or her room, or within areas of housing or work assignment that are under his or her control. Areas under a resident's control include, but are not limited to: the door track,

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window ledge, ventilation unit, plumbing, and the resident's desk, cabinet, shelving, storage area, bed and bedding materials in the housing assignment; and desk, cubicle, work station and locker in the work assignment. If the resident produces evidence that convinces the treatment team that he or she did not commit the offense, the resident shall not be given a behavioral restriction.

Section 299.640 Preparation of Incident Reports

a) Every employee has the duty to observe the conduct of residents. When staff persons detect or observe a rule violation, they will order the resident to stop or redirect the resident to appropriate behavior. Residents are required to comply with staff orders.
b) If an employee observes a resident engaging in a rule violation, major or minor, discovers evidence of its commission, or receives information from a reliable witness of a rule violation, he or she shall prepare an incident report.
c) The incident report must be fully completed. The reporting employee shall provide the following information to the extent known or available:
   1) The name and identification number of the resident;
   2) The place, time and date of the rule violation;
   3) The rule violation that the resident is alleged to have committed;
   4) A written statement of the conduct observed;
   5) The names of residents, employees and visitors who were witnesses;
   6) Whether the resident admits to the rule violation; and
   7) The signature of the reporting employee.

Section 299.650 Temporary Assignment to Secure Management Status

a) The Program Director shall determine whether it is necessary to temporarily assign the resident to secure management status in accord with Section 299.690 pending a review of the incident report in accordance with Section 299.660. The decision to place a resident in temporary secure management status may be based, among other matters, on:
   1) The aggressiveness of the resident;
   2) The threat posed to the safety and security of the facility;
   3) The need to restrict the resident's access to the general population to protect him from injury or to conduct the review; and/or
   4) The seriousness of the rule violation.
b) Residents may be confined in their cells or living areas, in the secure management status confinement area or in any other area designated by the Program Director.
c) A resident who is charged with a criminal offense arising from rule

violation in the Program may remain in secure management status until it is determined by the treatment team that the resident no longer presents an immediate risk of harm to self or others and can be effectively managed in the Program.

Section 299.660 Review of Incident Reports

a) The Behavior Committee shall review all incident reports involving residents. For the purposes of incident report review, the writer or writers of pertinent incident reports will be excluded from the Committee.

b) The Behavior Committee shall review the decision to temporarily reassign a resident to secure management status within two business days, whenever possible, and may:
   1) Continue the reassignment pending further investigation. Such continued reassignment shall be reviewed within two business days, whenever possible. The Program Director will be notified whenever the resident's temporary reassignment has been continued.
   2) Determine that the documented allegations of misconduct do not meet the threshold established in Section 299.620(d) and return the resident to his or her prior management status.
   3) Determine that the resident did engage in the reported misconduct and reassign the resident to secure management status.
   4) Determine that the resident did engage in the reported misconduct and reassign the resident to a management status that provides appropriate management, treatment, and disciplinary capabilities relative to the resident's misconduct.

   Among other matters, the factors listed in Section 299.650(a) may be considered by the Committee in arriving at its decision.

c) Whenever possible a resident who is the subject of an incident report shall be allowed to address the Behavior Committee in order to present his or her views regarding the reported incident. This may be denied if it is determined to be clinically contraindicated, would place a resident or others at risk of harm, or would jeopardize the security of the Program.

d) The Behavior Committee shall document its decision and the reason for that decision in the resident's clinical record. The incident report(s) will be attached to the Committee's documented decision and identifiably referenced within the Committee's documented decision.

Section 299.670 Consequences for Rule Violation

a) Violations of this Part or of Program or unit rules shall be addressed through: specific, time-limited treatment (e.g., anger management); reassignment of management status; a progressive process of behavioral restrictions; or all three. The Behavior Committee shall determine which consequences are most appropriate.

   1) Treatment recommendations for rule violation must be logically related to the rule violation (e.g., anger management for reactive, anger-based aggression), must be available, and must have a reasonable expectation of success.
   2) The Behavior Committee may reassign residents to a more secure management status whenever rule violations indicate that they cannot be effectively managed at their current management status.
   3) Although progressive in nature, more severe behavioral restrictions may be imposed upon the increased risk of harm or disruption of Program security. Behavioral restrictions may be the restriction of a right for a set period of time, removal of a privilege that the resident has earned through good behavior, or a combination of the two. When possible, the behavioral restrictions should be intrinsically related to the violation of the rules (e.g., a violation of smoking rules could result in a restriction of smoking privileges).

b) Upon determination that a resident has violated this Part or a Program or unit rule, the Behavior Committee shall determine appropriate management status, determine appropriate treatment recommendations, impose behavioral restrictions, or any combination thereof. The Committee shall also establish time limits on the management status or behavioral restriction or conditions that must be met before removal from a behavior management status or behavioral restriction.

c) Progressive discipline for residents involves counseling, warnings, and then either summary or formal restrictions. When the severity of the misconduct warrants immediate restrictions, staff may initiate behavioral restrictions subject to approval by the Behavior Committee. Whenever staff has reason to believe that a resident has misbehaved, staff shall inform the resident of the rule violation, the rule(s) that were violated and the fact that it was determined that the resident violated the rule(s), and offer one of the following:
   1) For minor rule violation only, counseling and warning may occur if staff determines that the resident is unfamiliar with the rule(s) or that the resident's behavior was a technical violation of the rule(s), and if staff determines that the objective of the rule(s) would not be met by behavior restrictions. Counseling and warning may occur only once per rule. Counseling is to help the resident identify the rule violations, the consequences of the rule violation and appropriate alternative behaviors. Warnings are to help the resident identify and modify the rule violation to avoid behavioral restrictions. Counseling and warning shall be documented in the resident's clinical record, as shall be the resident's response to the counseling and warning.
   2) A summary restriction may be offered by the staff and may be accepted or rejected by the resident. Staff must discuss the rule violation and proposed summary with the shift supervisor before offering the summary restriction to the resident. If the summary restriction is rejected, a formal behavioral restriction

shall be implemented. Because a summary restriction can be rejected by the resident, it is not reviewable. Summary restrictions cannot last more than 30 days. A summary restriction may be determined inappropriate when it has been previously applied and was ineffective in reducing rule violation or when the Behavior Committee has determined that summary restriction is clinically contraindicated.

3) A formal behavioral restriction is imposed when a summary restriction is rejected or when the shift supervisor has determined that summary restrictions are not appropriate. Upon being notified of the application of a formal behavioral restriction, the resident may request a review of the formal behavioral restriction by the treatment team and/or to present information to the treatment team regarding the violation of rule(s), including aggravating or mitigating circumstances. Such request must be in writing and submitted within 24 hours after the notification of formal behavioral restriction. The restriction remains in effect during the review period. The treatment team shall schedule a review within three working days. The resident may present written documentation and discuss circumstances. The resident does not have a right to an advocate, to confront witnesses or to present witnesses. If the treatment team determines the formal behavioral restrictions to be reasonable, it will remain in effect. If the treatment team determines the formal behavioral restriction to be unreasonable it may be increased, reduced or lifted.

Section 299.680 Restitution Procedures

a) The Behavior Committee may recommend that the resident make restitution in any amount not to exceed actual out-of-pocket expenses or loss caused by the conduct of the resident. Restitution may include performing repairs and cleaning instead of monetary reimbursement. Restitution that consists of labor shall not be compensated. The Behavior Committee shall determine the amount and the conditions of payment.

b) If the Program Director concurs with the recommendation of the Behavior Committee and determines that restitution for damage to property or person is appropriate, it shall ask the resident to agree to perform the necessary labor or authorize disbursement from his or her trust fund or from any other account of the resident.

1) If the resident agrees to make restitution he or she shall sign an agreement to perform labor or an authorization for disbursement of funds either to the State or appropriate individual.

2) If the resident refuses to agree to perform labor or authorize disbursement of his or her current funds or future earnings in accordance with the Program Director's determination, the Program Director may recommend that a hold be placed on the resident's account for such amount, and may further recommend that commissary privileges and/or State pay be suspended in whole or in part for a definite period of time. However, the resident shall be permitted to retain a sufficient amount of funds to purchase basic personal hygiene items if such items are not provided by the facility.

c) The Behavior Committee may consider the resident's willingness to make restitution in imposing any other behavioral restrictions.

d) A resident shall not be subjected to greater behavioral restrictions because he or she is without funds and therefore unable to make restitution.

e) In the event a resident is released prior to full payment of restitution, arrangements shall be made for payment by the resident of the balance of the authorized restitution.

Section 299.690 Placement in Secure Management Status

Residents whose behaviors place themselves or others in immediate risk of harm or who cannot be effectively managed may be confined in their cells or living areas, in the secure management status area or in any other area designated by the Program Director. Placement in secure management status confinement does not eliminate any other summary restriction or formal behavioral restriction that has been placed on a resident.

Section 299.700 Secure Management Status Confinement Standards

Standards for living conditions in secure management status confinement shall include the following provisions:

a) Residents in secure management status confinement shall be permitted personal property as allowed and ordered by the Program Director for safety and security reasons.

b) Commissary privileges comparable to those applicable to the general population shall be allowed, except for restrictions on certain items that may be ordered by the Program Director for safety and security reasons.

c) Residents in secure management status confinement shall receive food comparable to that provided to the general population.

d) Visits shall be permitted as approved by the Program Director after considering safety and security concerns.

e) Medical personnel shall visit the secure management status confinement area to screen requests for medical attention, and a physician or psychiatrist shall visit the area on a weekly basis.

f) A chaplain designated by the Program Director shall visit the secure management status confinement area when a chaplain is present on institutional grounds, when possible, but not less than once a week.

g) Each resident in secure management status confinement shall be contacted by a primary therapist at least every week or more often if

clinically warranted.

h) Continued involvement in programs may be permitted on an individual basis, as approved by the Program Director.

i) Residents shall be afforded the opportunity for a minimum of one hour exercise outside their cells per week. However, out of cell exercise may be temporarily restricted or suspended, unless medically contraindicated, if the Program Director determines the activity to be a threat to the safety and security of the facility or any person.

j) Residents in secure management status confinement shall have the same mail privileges as those provided for other residents.

k) Residents in secure management status confinement shall be permitted reading materials.

SUBPART G: RESIDENT GRIEVANCES

Section 299.800 Filing of Grievances

a) A resident shall first attempt to resolve incidents, problems or complaints other than complaints concerning behavior review proceedings, through his or her primary therapist. If a resident is unable to resolve a complaint informally, or if the complaint concerns a disciplinary proceeding, he or she may file a written grievance on a grievance form that shall be made available in all living units. A grievance shall be filed within one month after the discovery of the incident, occurrence, or problem that gives rise to the grievance or within one month after the receipt of a decision concerning an informal resolution thereof. However, if a resident can demonstrate that a grievance was not timely filed for good cause, the grievance shall be considered.

b) The grievance form shall be addressed to the Program Director and shall be deposited in the living unit mailbox or other designated repository.

c) Staff assistance shall be available for those residents who cannot prepare their grievances unaided as determined by institutional staff.
   1) All residents shall be entitled to invoke the grievance procedure regardless of their status or classification.
   2) Each facility shall take reasonable steps to ensure that the grievance procedure is accessible to residents who are impaired or disabled.

d) Residents must be informed of the grievance procedure and may request further information regarding the procedure from their primary therapists.
   1) The written procedure shall be available to all residents.
   2) A resident unable to speak or read the English language may request that the procedure be explained in his or her own language.

e) Actions or reprisals may not be taken against a resident for using the grievance procedure. A resident may submit a grievance alleging that

a reprisal has been made against him or her.

Section 299.810 Grievance Examiner

a) The Program Director shall appoint two or more employees who may serve as a Grievance Examiner to attempt to resolve problems, complaints and grievances that residents have been unable to resolve through routine channels.

b) No person who is directly involved in the subject matter of the grievance or who was a member of the Behavior Committee that heard an incident report concerning the grievance, or who is otherwise not impartial, may serve as the Grievance Examiner reviewing that particular case.

Section 299.820 Grievance Procedures

a) A Program Director shall review grievances at least weekly, provided that one or more grievances have been filed. The Program Director shall determine whether to refer a grievance to a Grievance Examiner or to the treatment team for resolution.

b) The Program Director shall submit a copy of any grievance alleging discrimination based on disability to the facility Americans With Disabilities Act (ADA) Coordinator. The facility ADA Coordinator shall conduct such investigation as deemed appropriate and make recommendations to the Program Director for resolution of the grievance.

c) A resident may be afforded an opportunity to appear before the Grievance Examiner or treatment team. The Examiner may call witnesses as deemed appropriate.

d) The Grievance Examiner or treatment team shall consider the grievance and report findings and recommendations in writing to the Program Director within 15 working days after the grievance is received by the Grievance Examiner or treatment team, whenever possible. The Program Director shall advise the resident of the decision in writing within 10 working days after receiving the Grievance Examiner's or treatment team's report, whenever possible.

Section 299.830 Emergency Procedures

a) If the Program Director determines that there is a substantial risk of imminent personal injury or other serious or irreparable harm to the resident, the grievance shall be handled on an emergency basis.

b) The Program Director shall respond to the resident within three days after receipt of the grievance indicating what action shall be or has been taken.

Section 299.840 Appeals

a) If, after receiving the response of the Program Director, the resident still feels that the problem, complaint or grievance has not been resolved to his or her satisfaction, he or she may appeal in writing to the Program Administrator within 30 days after receipt of the response. Copies of the Grievance Examiner's or treatment team's report and the Program Director's decision should be attached.
b) The Program Administrator shall review the grievance and the responses of the Grievance Examiner and Program Director. If it is determined that the grievance is without merit, the resident shall be advised of this disposition, in writing, within 30 working days after receipt of the grievance.
c) The Program Administrator may call witnesses or examine records at his or her discretion. The Program Administrator shall make a final determination of the grievance within 45 working days, whenever possible. The resident shall be sent a copy of the Program Administrator's decision.

Section 299.850 Records

a) Records regarding the filing and disposition of grievances shall be collected and maintained by the institution for at least three years following final disposition of the grievance.
b) Records regarding the participation of a resident during the grievance process shall be handled in a manner designed to protect confidentiality as determined by the Program Director.

SUBPART H: EVALUATION AND RESEARCH

Section 299.900 Program Evaluation

The Department may evaluate the whole, or any part of, the Sexually Violent Persons Treatment Program for the purpose of quality assurance and improvement.

Section 299.910 Research

This Subpart applies to any person or entity seeking to conduct a research or evaluation study on residents within the Department.

Section 299.920 Requirements for Submitting Research Proposals

a) Any request to conduct research or an evaluation study involving former or present residents and/or employees, programs or facilities, whether originating inside or outside the Department, shall be in writing and shall be submitted to the Secretary for review and authorization.
b) The person or entity requesting the research or study shall provide the following written documentation prior to approval of the request:
   1) A formal research proposal including name(s) and vitae of the researcher(s); abstract of the project, including purpose, methodology, duration, the number of subjects, amount of time required for each subject, and dissemination plan; and Department resources to be utilized;
   2) Approval obtained from a Human Subjects Research Committee and Institutional Review Board, where applicable;
   3) A signed Research Agreement that shall contain a statement that any rights of privacy, informed consent, confidentiality and protection from harm are met in accordance with accepted professional and scientific ethics and that the requirements of any applicable Illinois and federal statute or regulation have and will continue to be met; and
   4) Any other information deemed necessary to the authorization process.

Section 299.930 Criteria for Approval or Denial of Research Proposals

a) The request to conduct research or an evaluation study shall be reviewed to determine if the proposed study is ethical, feasible, methodologically sound, and relevant to the needs and goals of the Department.
b) Requests to conduct research or an evaluation study may be denied for reasons that may include, among other factors, the nature and risk of the research, concern for security, and the level of demand on staff time and Department finances.
c) Research projects involving use of residents in medical, cosmetic, or pharmaceutical experiments shall not be permitted.

Section 299.940 Requirements for Conducting Research Projects

a) The researcher shall provide periodic reports on the progress of the research project as required. Any changes in the scope or methodology of the project shall be reported.
b) Permission to conduct the current study and any further research may be discontinued for, among other matters, violation of Department rules or security requirements or for violation of applicable Illinois or federal statute or regulations. The factors to be considered in determining whether to discontinue a project shall include, but not be limited to: whether the violation was intentional; the seriousness of the violation; whether the project is placing greater demands on Department resources than originally stated; or whether the project has been expanded beyond the stated purpose and scope of the project.
c) Prior to publication of the results of a research project, the researcher shall provide copies of the material accepted for publication to the Department for informational purposes.
d) Following publication, additional copies may be provided for the Department without cost, if so specified in the signed Research Agreement.

Section 299.APPENDIX A Rule Violations

AIDING AND ABETTING, ATTEMPT, SOLICITATION OR CONSPIRACY

Definition: Aiding and abetting any person in the commission of any of these rule violations; attempting to commit any of these rule violations; soliciting another to commit any of these rule violations; or conspiring to commit any of these rule violations, shall be considered the same as the commission of the rule violation itself.

MAJOR RULE VIOLATION:

ARSON

Definition: Setting fire in any location, whether public or private, including but not limited to any part of the institution, its grounds or State vehicles.

BATTERY TO ANY PERSON

Definition: Causing a person or an object to come into contact with another person in an offensive, provocative or injurious manner, or fighting with a weapon.

BRIBERY & EXTORTION

Definition: Demanding or receiving anything of value in exchange for protection, to avoid bodily injury, or through duress or pressure. Giving or receiving money or anything of value, to violate State or federal law or to commit any act prohibited under this Part.

CONCEALMENT OF IDENTITY

Definition: Wearing a disguise or a mask, impersonating another, or otherwise concealing one's identity.

DAMAGE OR MISUSE OF PROPERTY

Definition: Destroying, damaging, defacing, removing, altering, tampering with, or otherwise misusing State property or property of another person, including the obstruction of locks or security devices.

DANGEROUS CONTRABAND

Definition: Possessing, manufacturing, introducing, selling, supplying to others or using without authorization any explosive, acid, caustic material for incendiary devices, ammunition, dangerous chemical, escape material, knife, sharpened instrument, gun, firearm, razor, glass, bludgeon, brass knuckles or any other dangerous or deadly weapon or substance of like character, or any

object that is made to appear to be a deadly or dangerous weapon or substance.

DANGEROUS DISTURBANCES

Definition: Causing, directing or participating in any action that may seriously disrupt or endanger the institution, persons or property, including the taking or holding of hostages by force or threat of force.

DRUGS AND DRUG PARAPHERNALIA

Definition: Possessing, manufacturing, introducing, selling, supplying to others, or receiving alcohol, any intoxicant, inhalant, narcotic, syringe, needle, controlled substance or marijuana, or being under the influence of any of the above substances. This violation includes medication misuse, e.g., the possession or use of unauthorized amounts of prescribed medication, or selling or supplying prescribed medication to others.

ESCAPE

Definition: Leaving or failing to return to lawful custody without authorization.

FAILURE TO REPORT

Definition: Failure to report for a scheduled work or program assignment without good cause.

FIGHTING

Definition: Unauthorized fighting with another consenting person, which is not likely to cause serious bodily injury to one or the other, and which does not involve the use of a weapon.

FORGERY

Definition: Forging, counterfeiting or reproducing without authorization any document, article of identification, money, security or official paper.

GANG OR UNAUTHORIZED ORGANIZATIONAL ACTIVITY

Definition: Engaging or pressuring others to engage in gang or unauthorized organizational activities or meetings; displaying, wearing, possessing or using gang or unauthorized organizational insignia or materials; or giving gang or unauthorized organizational signs.

GIVING FALSE INFORMATION TO AN EMPLOYEE

Definition: Lying or knowingly providing false information to an employee that

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NOTICE OF ADOPTED RULES

impedes an investigation or otherwise interferes with the management of the Program.

INTIMIDATION OR THREATS

Definition: Expressing by words, actions or other behavior an intent to injure any person that creates the reasonable belief that physical, monetary or economic harm to that person or to another will result.

SEXUAL MISCONDUCT

Definition: Engaging in sexual intercourse, sexual conduct or fondling, or touching done to sexually arouse either or both persons; or engaging in any of these activities with an animal.

THEFT

Definition: Taking property belonging to another person, entity, or the institution without the owner's authorization.

UNAUTHORIZED COMMUNICATION

Definition: Communicating, without prior authorization, by any means (mail, telephone, or through intermediaries) with any victim or the family of any victim of sexual violence, staff (except at the Program) or the family of staff, or any party that has requested no further communication.

UNAUTHORIZED MOVEMENT

Definition: Being anywhere without authorization, or being absent from where required to be.

UNAUTHORIZED PROPERTY

Definition: Possessing, giving, loaning, receiving or using property that an inmate has no authorization to have or to receive and that was not issued to him or her through regular procedures, including the unauthorized possession of food or clothing, or the possession of property in excess of that authorized by the institution.

VIOLATING STATE OR FEDERAL LAWS

Definition: Committing any act that would constitute a violation of State or federal law. If the specific violation is stated elsewhere in this Part, a committed person may not be accused of this violation. The State or federal offense must be specified in the disciplinary report.

MINOR RULE VIOLATION:

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED RULES

ABUSE OF PRIVILEGES

Definition: Violating any rule regarding visits, mail, yard, commissary, telephone or recreational activities. However, if the conduct also constitutes a criminal offense under federal or State law, a committed person may also be charged under Violation of State or Federal Laws.

DISOBEYING A DIRECT ORDER

Definition: Willfully refusing to comply with an order, including the refusal to participate in testing for drug abuse or to accept a housing assignment.

GAMBLING

Definition: Operating or playing a game of chance or skill for anything of value, making a bet upon the outcome of any event, or possessing any gambling device.

HEALTH, SMOKING OR SAFETY VIOLATIONS

Definition: Smoking in an unauthorized area; tattooing or ear or body piercing; or disregarding basic hygiene of person, cell, living or work area, or other place in the facility or on its grounds.

INSOLENCE

Definition: Talking, touching, gesturing or other behavior that harasses, annoys or shows disrespect.

PETITIONS AND BUSINESS VENTURES

Definition: Writing, signing or circulating a petition without authorization or engaging in an unauthorized business venture.

POSSESSION OF MONEY

Definition: Possessing or causing to be brought into the institution, United States coin or currency or a negotiable instrument.

TRADING OR TRAFFICKING

Definition: Trading or trafficking with any employee, visitor or resident.

TRANSFER OF FUNDS

Definition: Causing money to be transferred from one trust fund to another or through an outside source to the account of another resident or an inmate.

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED RULES

VIOLATION OF RULES

Definition: Willfully disobeying any rule of the facility.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED REPEALER

1) Heading of the Part: Audiometry Certification, Recertification and Calibration Standards

2) Code Citation: 77 Ill. Adm. Code 681

3)

Section Numbers:	Adopted Action:
681.10	Repealer
681.20	Repealer
681.30	Repealer
681.110	Repealer
681.120	Repealer
681.130	Repealer
681.140	Repealer
681.150	Repealer
681.160	Repealer
681.170	Repealer

4) Statutory Authority: Authorized by and implementing the Child Vision and Hearing Test Act [410 ILCS 205].

5) Effective Date of Rules: March 26, 1999

6) Does this Rulemaking Contain an Automatic Repeal Date? No

7) Does this Rulemaking Contain Incorporations by Reference? No

8) A copy of the adopted repealer, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Date Notice of Proposed Rulemaking was Published in the Illinois Register: March 27, 1998 - 22 Ill. Reg.5789

10) Has the Joint Committee on Administrative Rules Issued a Statement of Objection to this Rulemaking: No

11) Difference Between Proposal and Final Version: There are no differences between the proposal and final version.

12) Have all changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No agreements were necessary.

13) Will the Rulemaking Replace an Emergency Rule Currently in Effect? No

14) Are there any other Amendments Pending on this Part? No

15) Summary and Purpose of Repealer: The Department is consolidating into one Part three sets of rules concerning hearing screening for pre-school and

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED REPEALER

school age children, training requirements for hearing screening technicians and audiometer calibration standards. This consolidation will simplify the rules, eliminate redundancies, and update the rules to current standards of practice. This rulemaking repeals obsolete training and examination provisions for certification to use an audiometer and audiometer calibration standards. The other two rulemakings that are involved in the consolidation are published in this issue of the *Illinois Register*.

16) Information and Questions Regarding this Adopted Repealer shall be directed to:

Gail M. DeVito
Department of Public Health
Administrative Rules Coordinator
Division of Legal Services
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761
217/782-2043
rules@idph.state.il.us

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Hearing Screening

2) Code Citation: 77 Ill. Adm. Code 675

3)

Section Numbers:	Adopted Action:
675.210	New Section
675.220	New Section
675.230	New Section
675.240	New Section
675.250	New Section
675.300	New Section

4) Statutory Authority: Authorized by and implementing the Child Vision and Hearing Test Act [410 ILCS 205].

5) Effective Date of Rules: March 26, 1999

6) Does this Rulemaking Contain an Automatic Repeal Date? No

7) Does this Rulemaking Contain Incorporations by Reference? Yes

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Date Notice of Proposed Rulemaking was Published in the Illinois Register: March 27, 1998 - 22 Ill. Reg.5801

10) Has the Joint Committee on Administrative Rules Issued a Statement of Objection to this Rulemaking: No

11) Difference Between Proposal and Final Version:

All proposed amendments in Sections 675.10, 675.20, 675.30, 675.100, 675.110, 675.120, 675.140, and 675.200 have been deleted from this rulemaking and will be addressed in a future rulemaking.

Section 675.300(a) has been revised to include statements that the fee for training shall not exceed the actual cost of training and that no additional fee, beyond the training fee, is required for initial certification.

In addition, various typographical, grammatical and form changes were made in response to comments from the Joint Committee on Administrative Rules.

12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreements issued by the Joint Committee?

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All changes agreed upon by the Department and the Joint Committee been made as indicated in the agreements issued by the Joint Committee.

13) Will the Rulemaking Replace an Emergency Rule Currently in Effect? No

14) Are there any other Amendments Pending on this Part? No

15) Summary and Purpose of Amendments: The Department is consolidating into one Part three sets of rules concerning hearing screening for pre-school and school age children, training requirements for hearing screening technicians and audiometry calibration standards. This consolidation will simplify the rules, eliminate redundancies, and update the rules to current standards of practice. This rulemaking sets fees for training courses, certification, replacement certificate, and audiometer calibration check. The other two Parts that are involved in the consolidation are proposed for repeal in this issue of the *Illinois Register*.

16) Information and Questions Regarding these Adopted Amendments shall be directed to:

Gail M. DeVito
Department of Public Health
Administrative Rules Coordinator
Division of Legal Services
535 West Jefferson
Fifth Floor
Springfield, Illinois 62761
217/782-2043
rules@idph.state.il.us

The full text of the Adopted Amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER j: VISION AND HEARING

PART 675
HEARING SCREENING

SUBPART A: AUTHORITY, APPLICABILITY AND DEFINITIONS

Section
675.10 Applicability
675.20 Definitions

SUBPART B: STANDARDS, PROCEDURES, TECHNIQUES AND CRITERIA FOR HEARING SCREENING

Section
675.100 Instrumentation
675.110 Frequency of Screening
675.120 Identification Audiometry
675.130 Referral Criteria
675.140 Referral

SUBPART C: GENERAL STANDARDS FOR TRAINING AND QUALIFICATIONS FOR PERSONNEL TO PROVIDE HEARING SCREENING SERVICES

Section
675.200 Screening Personnel
675.210 Application for Training and Certification
675.220 Training for Hearing Screening Technicians
675.230 Certification of Hearing Screening Technicians
675.240 Recertification of Hearing Screening Technicians
675.250 Lapsed Certificates

SUBPART D: FEE STRUCTURE

Section
675.300 Fees

AUTHORITY: Authorized by and implementing the Child Vision and Hearing Test Act [410 ILCS 205].

SOURCE: Adopted and codified at 6 Ill. Reg. 10998, effective August 30, 1982; amended at 23 Ill. Reg. 4270, effective MAR 26 1999.

SUBPART C: GENERAL STANDARDS FOR TRAINING AND QUALIFICATIONS FOR PERSONNEL TO PROVIDE HEARING SCREENING SERVICES

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 675.210 Application for Training and Certification

An applicant for training and certification as a hearing screening technician shall complete and submit to the Department an Application for Training and Certification Form, provided by the Department.

(Source: Added at 23 Ill. Reg. 4270, effective MAR 26 1999)

Section 675.220 Training for Hearing Screening Technicians

a) The Department shall provide or authorize a training course to prepare persons to qualify for a hearing screening services certificate.

b) The training course for hearing screening technicians shall include, but shall not be limited to, the following topics: establishing and managing a hearing conservation program, hearing conservation for children, anatomy of the ear, disorders of hearing in children, the audiometer, physics of sound, the measurement of hearing, selecting a testing room, threshold tests, testing preschool children, testing exceptional children, and follow-up. The training course shall also include laboratory practice, practicum experience, and a written examination.

(Source: Added at 23 Ill. Reg. 4270, effective MAR 26 1999)

Section 675.230 Certification of Hearing Screening Technicians

a) The Department shall issue a certificate after the training participant:
   1) Submits the training and certification fee as required in Section 675.300;
   2) Fully attends all portions of the training course;
   3) Obtains a score of 80 percent or better on the written examination; and
   4) Demonstrates proficiency during a hearing training practicum.

b) Practicum participants will be rated on the following items: screening, threshold, audiometric skills, general skills, and overall skills. All above items must be rated acceptable to qualify for certification.

(Source: Added at 23 Ill. Reg. 4270, effective MAR 26 1999)

Section 675.240 Recertification of Hearing Screening Technicians

a) A hearing screening technician certificate shall be valid for three years.

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NOTICE OF ADOPTED AMENDMENTS

b) The Department shall send expiration and renewal notices to certified persons no later than 60 days before the expiration date of the certificate. Such notices shall be sent to the last known address of the person to whom the certificate was issued.

c) The following items shall be submitted to the Department for certification renewal and shall be post-marked no later than 30 days prior to the expiration date of the certificate:
   1) a completed Certification Renewal Form;
   2) the renewal fee, as required in Section 675.300 of this Part; and
   3) Documentation of satisfactory completion of a recertification workshop provided or authorized by the Department, or a study project provided by the Department.

d) The Department shall renew the certification upon receipt of the items specified in subsections (c)(1), (2), and (3) of this Section.

e) Failure to receive a renewal notice shall not relieve the certified hearing screening technician of the obligation to submit the renewal form, pay the renewal fee 30 days prior to the expiration date of the certification, and successfully complete a recertification workshop or study project.

(Source: Added at 23 Ill. Reg. 4270, effective MAR 26 1999)

Section 675.250 Lapsed Certificate

a) Any certification not renewed prior to its expiration date shall be deemed lapsed and shall be null and void.

b) Any certification that has lapsed for a period of less than 2 years may be renewed by completing the recertification requirement and paying the fees specified in Section 675.300 of this Part.

c) Any certification that has lapsed for a period of 2 years or more may be renewed by meeting the requirements of Section 675.230 of this Part.

(Source: Added at 23 Ill. Reg. 4270, effective MAR 26 1999)

SUBPART D: FEE STRUCTURE

Section 675.300 Fees

The Department shall implement the following fee structure:

a) Applicants shall be required to pay to the Department or its designee a fee for attending a training course. The fee for training shall not exceed the actual cost of training. Failure to appear for training on the scheduled date, at the time and place specified, after the applicant's application and fee for training has been received and acknowledged by the Department, shall result in forfeiture of the fee.

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No additional fee, beyond the training fee, is required for initial certification.

b) The recertification fee is $30 every three years.

c) The fee for the issuance of a replacement certificate or a certificate with a change of name or address, other than at renewal time, is $10. No fee is required for name or address change on Department records when no duplicate or replacement certificate is issued.

d) The fee for an electro-acoustic calibration check provided by the Department is $10 for each audiometer checked.

(Source: Added at 23 Ill. Reg. 4270, effective MAR 26 1999)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED REPEALER

1) Heading of the Part: Hearing Training Applicant Requirements

2) Code Citation: 77 Ill. Adm. Code 680

3)

Section Numbers:	Adopted Action:
680.10	Repealer
680.20	Repealer
680.30	Repealer

4) Statutory Authority: Authorized by and implementing the Child Vision and Hearing Test Act [410 ILCS 205]

5) Effective Date of Rulemaking: March 26, 1999

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) A copy of the adopted repealer, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: March 27, 1998 - 22 Ill. Reg. 5812

10) Has JCAR issued a Statement of Objections to this repealer? No

11) Difference(s) between proposal and final version: There are no differences between the proposal and final version.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No agreements were necessary.

13) Will this rulemaking replace an emergency rule currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rulemaking: The Department is consolidating into one Part three sets of rules concerning hearing screening for pre-school and school age children, training requirements for hearing screening technicians and audiometer calibration standards. This consolidation will simplify the rules, eliminate redundancies, and update the rules to current standards of practice. This rulemaking repeals obsolete eligibility, cost, and training curriculum requirements for persons making application for a training course in hearing screening. The other two rulemakings that are involved in the consolidation are published in this issue of the *Illinois Register*.

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NOTICE OF ADOPTED REPEALER

16) Information and questions regarding this adopted repealer shall be directed to:

Gail M. DeVito, Administrative Rules Coordinator
Department of Public Health
Division of Legal Services
535 West Jefferson, Fifth Floor
Springfield, IL 62761
217/782-2043
rules@idph.state.il.us

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Vision Screening

2) Code Citation: 77 Ill. Adm. Code 685

3)

Section Numbers:	Adopted Action:
685.10	Amendment
685.20	Amendment
685.110	Amendment
685.115	New Section
685.120	Amendment
685.130	New Section
685.140	New Section
685.150	New Section
685.200	Repealed
685.210	Repealed
685.220	Repealed
685.230	New Section
685.240	New Section
685.250	New Section
685.260	New Section
685.270	New Section
685.280	New Section
685.300	Repealed
685.310	Repealed
685.320	New Section
685.400	Repealed

4) Statutory Authority: Authorized by and implementing Section 4 of the Child Vision and Hearing Test Act [410 ILCS 205/4].

5) Effective Date of Rulemaking: March 26, 1999

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? Yes

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register:

March 27, 1998 - 22 Ill. Reg. 5816

10) Has JCAR issued a Statement of Objections to these amendments? No

11) Difference(s) between proposal and final version:

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Section 685.110(a)(2), has been revised to read:

All school age children who are in kindergarten and second and eighth grades; in all special education classes; referred by teachers; and transfer students. Vision screening is recommended in grades 4, 6, 10 and 12. Such screening services shall be provided in all public, independent, private and parochial schools.

Section 685.130(c) has been revised to state that the Pediatric Color Discrimination Test should be conducted in second grade.

Section 685.140(d) has been revised to state that preschool children age 3 and 4 shall be screened with 20/40 targets. Five-year-old and kindergarten grade children shall be screened with 20/30 targets.

Section 685.320(a) has been revised to include statements that the fee for training shall not exceed the actual cost of training and that no additional fee, beyond the training fee, is required for initial certification.

In addition, various typographical, grammatical and form changes were made in response to comments from the Joint Committee on Administrative Rules.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will this rulemaking replace an emergency rule currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rulemaking:

This rulemaking updates the Department's requirements for vision screening services for preschool and school age children. The amendments specify training and certification standards for technicians providing vision screening services and set fees for training courses, certification, and issuance of replacement certificates.

16) Information and Questions Regarding these Adopted Amendment shall be directed to:

Gail M. DeVito
Department of Public Health
Administrative Rules Coordinator
Division of Legal Services
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761
217/782-2043

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NOTICE OF ADOPTED AMENDMENTS

rules@idph.state.il.us

The full text of the Adopted Amendments begins on the next page:

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NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER j: VISION AND HEARING

PART 685
VISION SCREENING

SUBPART A: ~~AUTHORITY,~~ APPLICABILITY~~,~~ AND GENERAL PROVISIONS ~~DEFINITIONS~~

Section
685.10 Applicability
685.20 Definitions

SUBPART B: STANDARDS~~,~~ AND PROCEDURES~~,~~ ~~TECHNIQUES AND CRITERIA~~ FOR VISION SCREENING

Section
685.100 Instrumentation
685.110 Frequency of Screening
685.115 Pass/Fail and Referral Criteria
685.120 Referral
685.130 Screening Battery for School Age Children
685.140 Screening Battery for Preschool Children and Difficult to Test Children
685.150 Screening Battery for Children Wearing Glasses or Contact Lenses

SUBPART C: STANDARDS FOR PERSONNEL PROVIDING VISION SCREENING SERVICES ~~GENERAL STANDARDS, CRITERIA AND PROCEDURES FOR SCHOOL VISION SCREENING~~

Section
685.200 Screening Battery (Repealed)
685.210 Screening and Rescreening Procedures (Repealed)
685.220 Pass/Fail and Referral Criteria (Repealed)
685.230 Personnel
685.240 Training for Vision Screening Technicians
685.250 Application for Training and Certification
685.260 Certification of Vision Screening Technicians
685.270 Recertification of Vision Screening Technicians
685.280 Lapsed Certificate

SUBPART D: FEE STRUCTURE ~~GENERAL STANDARDS, CRITERIA, AND PROCEDURES FOR PRESCHOOL VISION SCREENING~~

Section
685.300 Screening and Rescreening Procedures (Repealed)
685.310 Pass/Fail and Referral Criteria (Repealed)

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685.320 Fees

SUBPART E: GENERAL STANDARDS FOR TRAINING AND QUALIFICATIONS FOR PERSONNEL TO PROVIDE VISION SCREENING SERVICES

Section
685.400 Screening Personnel (Repealed)

AUTHORITY: Implementing Sections 3, 4, and 5 and authorized by Section 4 of the Child Vision and Hearing Test Act [410 ILCS 205/3, 4, and 5].

SOURCE: Adopted and codified at 6 Ill. Reg. 11053, effective August 30, 1982; amended at 23 Ill. Reg. 4278, effective MAR 26 1999.

SUBPART A: ~~AUTHORITY,~~ APPLICABILITY~~,~~ AND GENERAL PROVISIONS ~~DEFINITIONS~~

Section 685.10 Applicability

The Child Vision and Hearing Test Act authorizes the Department to administer a program of vision screening services for Illinois children. These rules apply to vision screening services required under the Act.

~~a) The Child Vision and Hearing Test Act requires vision screening services be administered to all children. These rules apply to vision screening services required under that Act.~~

~~b) The Department shall delegate responsibility to other State agencies, local health departments, school districts, or other community agencies, to develop and maintain periodic vision and hearing screening services. The Department shall make such delegations in conformance with existing services and with the approval of the entity receiving the delegation.~~

(Source: Amended at 23 Ill. Reg. 4278, effective MAR 26 1999)

Section 685.20 Definitions

As used in this Part ~~these rules~~, the terms defined in this Section ~~section~~ shall have the meanings ascribed to ~~in~~ them herein.

"Act" means the Child Vision and Hearing Test Act [410 ILCS 205].

"Department" means the Illinois Department of Public Health.

"Eye doctor" means a physician licensed to practice medicine in all its branches and specializing in diseases of the eye or a licensed optometrist.

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"Vision Screening Services" means ongoing community education programs covering the following topics: identification, prevention, causes, nature and effects of vision impairments. Such programs utilize program planning, management, evaluation and reporting, procedures for detecting possible abnormalities of the visual system, referral, and follow-up.

~~"Vision---Screening"---means---a---procedure--for--detecting--possible abnormality--of--the--visual--system--with--referral--for--correction, treatment,-or-appropriate-school-placement.~~

(Source: Amended at 23 Ill. Reg. 4278, effective MAR 26 1999)

SUBPART B: STANDARDS, AND PROCEDURES, ~~TECHNIQUES AND CRITERIA~~ FOR VISION SCREENING

Section 685.110 Frequency of Screening

a) Vision screening services ~~under-these-rules~~ shall be provided annually for:
   1) All preschool children 3 years of age (or older) in any public or private educational program or licensed child-care facility.
   2) All school age children who are in kindergarten, second and eighth grades; in all special education classes; referred by teachers; and transfer students. Vision screening is recommended in grades 4, 6, 10 and 12. Such screening services shall be provided in all public, independent, private and parochial schools. ~~All-children-in-grades-kindergarten-or--first,--5th--and 9th-grades-of-public,-independent,-private-and-parochial-schools.~~
   ~~3) Teacher-referrals-and-students-transferring-into-schools-who-have not-been-previously-screened.~~
   ~~4) All--special--education-children-in-public,-independent,-private, and-parochial-schools-using-standard--screening--methods--as--set forth-in-these-rules.~~
b) In lieu of the screening services required in subsection (a) ~~paragraph (a)--above,~~ of this Section, a completed and signed report form, indicating that an ~~a--professional~~ eye examination by an M.D. specializing in diseases of the eye or a licensed optometrist has been administered within the previous 12 months ~~not--over--12--months previously~~, is acceptable.
c) The parent or legal guardian of a student may object to vision screening tests for their child ~~children~~ on religious grounds. If a religious objection is made, a written and signed statement from the parent or legal guardian detailing such objections must be presented to the screening entity ~~local-school-authority. General-philosophical or--moral--reluctance--to--allow--vision--screening-will-not-provide-a sufficient-basis-for-an-exception-to-statutory-requirements.~~

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(Source: Amended at 23 Ill. Reg. 4278, effective MAR 26 1999)

Section 685.115 Pass/Fail and Referral Criteria

Pass/fail criteria shall refer to the initial screening test. Referral criteria shall refer to the rescreening test. Pass/fail and referral criteria are identical standards as presented below:

a) School age children:
   1) Massachusetts Battery of tests:
      A) Phoria near and far:
         i) For children in first grade, target alignment outside a defined area for both near and far modes constitutes a failure.
         ii) For children in second grade and above, target alignment outside a defined area for either near or far modes constitutes a failure.
      B) Visual acuity. The correct identification of three or fewer of the monocular symbols constitutes a failure.
      C) Hyperopia. The correct identification of four or more of the monocular symbols constitutes a failure.
   2) Color discrimination. The correct identification of five or fewer of the eight targets constitutes a failure.
   3) BRL (both right and left). The correct identification of three or fewer of the five letters in each of the three columns constitutes a failure.
b) Preschool and Kindergarten grade children:
   1) Michigan Preschool Test. The correct identification of three or fewer of the monocular symbols constitutes a failure.
   2) HOTV (stereoscopic or distance screening). The correct identification of three or fewer of the monocular symbols constitutes a failure.

(Source: Added at 23 Ill. Reg. 4278, effective MAR 26 1999)

Section 685.120 Referral

a) A vision diagnostic examination must be immediately recommended in written form to parents or guardians of all children who meet referral criteria as a result of vision screening, including observation, instrument screening, or monitoring.
b) The screening entity or its designee shall initiate recommendations for a diagnostic examination and shall coordinate those activities necessary to complete the diagnostic examination and treatment management of the child suspect of a vision impairment.
~~a) Based--on--the--criteria--set--forth--in--Sections-685.220-and-Section 685.310,-any-observed-anomaly-or-possible-problem--identified--through~~

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~~instrument--screening--shall--be--reported--in--writing--to--the--child's parent-or-legal-guardian.~~

~~b) The-parents-or-legal-guardians-shall-be--recommended--through--written notification-to-obtain-a-vision-diagnostic-examination-for-their-child if--a--professional--eye--examination--has-not-been-secured-within-the previous-12-months.~~

~~c) The-vision-diagnostic-examination-shall-be-made-by-an--eye--doctor--of the-parents-or-guardian's-choice.~~

~~d) The--screening-agency-or-its-designee-shall-be-responsible-to-initiate follow-up-services.~~

(Source: Amended at 23 Ill. Reg. 2278, effective MAR 26 1999)

Section 685.130 Screening Battery for School Age Children

The screening battery for school age children, grades 1 - 12, shall consist of:

a) Observation of the child (appearance, behavior, complaint).

b) Stereoscopic instrument screening using the Massachusetts Battery of tests presented in the following order:

1) A test for muscle balance (phoria) at near and far points, in the binocular mode;

2) A test for visual acuity at far point, in the monocular mode; and

3) A test for excessive farsightedness (hyperopia) at far point, in the monocular mode.

c) The Pediatric Color Discrimination Test may also be presented, at far point in the binocular mode, and prior to the hyperopia test; this test should be conducted at second grade.

d) The BRL (Both Right and Left) Test, at near and far points in the binocular mode, may be conducted in lieu of the Massachusetts Battery, for junior and senior high school students.

e) School age children shall be screened with 20/30 targets.

(Source: Added at 23 Ill. Reg. 2278, effective MAR 26 1999)

Section 685.140 Screening Battery for Preschool Children and Difficult to Test Children

The screening battery for preschool children, three years and older, and Kindergarten grade children shall consist of:

a) Observation of the child (appearance, behavior, complaint).

b) Instrument screening using any one of the following tests:

1) Stereoscopic instrument screening using the Michigan Preschool Test at far point.

2) Stereoscopic instrument screening using the HOTV test at far point.

3) Distance instrument screening using the Good-Lite Insta-Line HOTV

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test.

c) The preschool screening battery and procedures may be utilized when screening difficult to test children, including children who are developmentally disabled, etc.

d) Preschool children, age 3 and 4, shall be screened with 20/40 targets. Five year old and Kindergarten grade children shall be screened with 20/30 targets.

e) Photoscreening, using the MTI camera, may be conducted for children under three years of age and for older children who can not be screened with stereoscopic or distance tests.

(Source: Added at 23 Ill. Reg. 2278, effective MAR 26 1999)

Section 685.150 Screening Battery for Children Wearing Glasses or Contact Lenses

a) The screening battery for children wearing glasses shall consist of:

1) Observation (appearance, behavior, and complaint);

2) Inspection of the lenses and frames for problems; and

3) Determination of the child's last visit to an eye doctor.

b) The screening battery for children wearing contact lenses shall consist of (a)(1) and (3) of this Section.

c) Instrument screening of children wearing glasses or contact lenses is not appropriate.

(Source: Added at 23 Ill. Reg. 2278, effective MAR 26 1999)

SUBPART C: STANDARDS FOR PERSONNEL PROVIDING VISION SCREENING SERVICES

~~GENERAL-STANDARDS,-CRITERIA-AND-PROCEDURES FOR-SCHOOL-VISION-SCREENING~~

Section 685.200 Screening Battery (Repealed)

~~The-appropriate-battery-of-tests-and-order-of-presentation-shall-consist-of:~~

~~a) Observation-of-the-child.~~

~~b) A-series-of-tests--which--are--conducted--in--a--prescribed--order--as follows:~~

~~1) A-test-for-Phoria-at-the-Near-and-Far-points;~~

~~2) A-test-for-Visual-Acuity;~~

~~3) A-test-for-Excessive-Farsightedness-(Hyperopia);-and~~

~~4) Optional-Tests.~~

(Source: Repealed at 23 Ill. Reg. 2278, effective MAR 26 1999)

Section 685.210 Screening and Rescreening Procedures (Repealed)

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~~a) Observation of the child is to determine the appearance of the eyes, behavior of the child for signs of unusual visual symptoms, and/or complaints by the child regarding vision difficulties.~~

~~b) Management on Screening Day of Children Wearing Glasses or Under Care: The Illinois Department of Public Health recommends children wearing glasses should not be screened.~~

~~c) Screening Tests:~~

~~1) Phoria Near~~
~~The test is conducted in a binocular mode with the instrument set for the Near presentation of the target.~~

~~2) Phoria Far~~
~~The test is conducted in a binocular mode with the instrument set for the Far presentation of the target.~~

~~3) Visual Acuity~~
~~The test is conducted in a monocular mode, always beginning with the right eye. The instrument is set for the presentation of the target at the Far position.~~

~~4) Hyperopia~~
~~The instrument is set for a Far presentation of the target and the Plus lens in place. The test is conducted in a monocular mode, always beginning with the right eye.~~

~~d) Rescreening procedures are identical to the initial screening and conducted following a 10-14 day delay.~~

(Source: Repealed at 23 Ill. Reg. 4278, effective MAR 26 1999)

Section 685.220 Pass/Fail and Referral Criteria (Repealed)

~~a) School children shall be screened at the 20/30 line.~~

~~b) Pass/Fail criteria shall refer to the initial screening test. Referral criteria shall refer to the rescreening test. The Pass/Fail and Referral Criteria are identical standards presented in Paragraphs c) through e) below, of this section.~~

~~c) Phoria Near and Far~~

~~1) For children in first grade, target alignment outside a defined area for both Near and Far modes shall constitute a failure.~~

~~2) For children in second grade and above, target alignment outside a defined area for either Near or Far Modes shall constitute a failure.~~

~~d) Visual Acuity~~
~~The correct identification of 3 or less of the monocular symbols constitutes a failure.~~

~~e) Hyperopia~~
~~The correct identification of four or more of the monocular symbols constitutes a failure.~~

(Source: Repealed at 23 Ill. Reg. 4278, effective

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MAR 26 1999)

Section 685.230 Personnel

Vision screening services shall be provided by a vision technician certified by the Department. Any person with a high school education or its equivalent who is working in or supervising, or has a definite commitment to work in or supervise, a vision screening program may apply for training. The screening program must be for the identification of vision problems in preschool and school age children.

(Source: Added at 23 Ill. Reg. 4278, effective MAR 26 1999)

Section 685.240 Training for Vision Screening Technicians

a) The Department shall provide or authorize a training course to prepare persons to qualify for a vision screening services certificate.

b) The vision training course shall include, but shall not be limited to, the following topics: vision conservation for children, anatomy and the vision process, diseases and disorders of the eye, vision screening, the difficult to test child, referral and follow-up procedures, and establishing, managing and evaluating a vision conservation program. The training course shall also include laboratory practice, practicum experience, and a written examination.

(Source: Added at 23 Ill. Reg. 4278, effective MAR 26 1999)

Section 685.250 Application for Training and Certification

Applicants for training and certification shall complete and submit, to the Department, the Application for Training and Certification Form.

(Source: Added at 23 Ill. Reg. 4278, effective MAR 26 1999)

Section 685.260 Certification of Vision Screening Technicians

a) The Department shall issue a certificate after the training participant:

1) Submits the training and certification fees as required in Section 685.320;

2) Fully attends all portions of the training course;

3) Obtains a score of 80 percent or better on the written examination; and

4) Demonstrates proficiency during a vision training practicum.

b) Practicum participants will be rated on the following items: School

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Age Tests, Preschool Tests, General Skills and Overall Skills. All above items must be rated acceptable to qualify for certification.

(Source: Added at 23 Ill. Reg. 4297, effective MAR 26 1999)

Section 685.270 Recertification of Vision Screening Technicians

a) The vision screening technician certificate shall be valid for three years.
b) The Department shall send expiration and renewal notices to certified persons no later than 60 days before the expiration date of the certificate. Such notices shall be sent to the last known address of the person to whom the certificate was issued.
c) The following items shall be submitted to the Department for certification renewal and shall be post-marked no later than 30 days prior to the expiration date of the certificate:
   1) a completed Certificate Renewal Form;
   2) the renewal fee, as required in Section 685.320; and
   3) Documentation of satisfactory completion of a recertification workshop provided or authorized by the Department, or a study project provided by the Department.
d) The Department shall issue a renewed certificate upon receipt of items specified in subsections (c)(1), (2), and (3) of this Section.
e) Failure to receive a notice to renew shall not relieve the certified vision screening technician of the obligation to submit the renewal form, pay the renewal fee 30 days prior to the expiration date of the certificate, and successfully complete a recertification workshop or study project.

(Source: Added at 23 Ill. Reg. 4297, effective MAR 26 1999)

Section 685.280 Lapsed Certificate

a) Any certificate not renewed prior to its expiration date shall be deemed lapsed and shall be null and void.
b) Any certificate lapsed for a period of less than 2 years may be renewed by completing the recertification requirement and paying the fees as required in Section 685.320.
c) Any certificate lapsed for a period of two years or more may be renewed by meeting the application, training and certification requirements of this Part.

(Source: Added at 23 Ill. Reg. 4297, effective MAR 26 1999)

SUBPART D: FEE STRUCTURE ~~GENERAL STANDARDS, CRITERIA, AND PROCEDURES~~

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

~~FOR PRESCHOOL VISION SCREENING~~

Section 685.300 Screening and Rescreening Procedures (Repealed)

~~a) Observation of the child shall be conducted in accordance with Section 685.210(a).~~
~~b) The instrument screening of the child is visual acuity in a monocular mode at the Far position only. Always begin with the right eye.~~
~~c) Preschool rescreening procedures are identical to the initial screening and should be conducted following a 10-14 day delay.~~
~~d) Preschool screening procedures shall be applicable to testing the difficult-to-test child including the mentally handicapped, learning disabled, foreign speaking, hearing handicapped, etc. In the event the child's condition is such that recommended screening procedures are not applicable, the child should receive alternative services if the child is considered at risk for visual difficulties.~~

(Source: Repealed at 23 Ill. Reg. 4297, effective MAR 26 1999)

Section 685.310 Pass/Fail and Referral Criteria (Repealed)

~~a) Preschool children shall be screened at the 20/40 line.~~
~~b) Visual Acuity: The correct identification of 3 or less of the monocular symbols constitutes a failure.~~

(Source: Repealed at 23 Ill. Reg. 4297, effective MAR 26 1999)

Section 685.320 Fees

The Department shall implement the following fee structure:

a) Applicants shall be required to pay to the Department, or its designee, a fee for attending a training course. The fee for training shall not exceed the actual cost of training. Failure to appear for training on the scheduled date, at the time and place specified, after the applicant's application and fee for training has been received and acknowledged by the Department or the authorized training entity, shall result in forfeiture of the fee. No additional fee, beyond the training fee, is required for initial certification.
b) The recertification fee is $30 every three years.
c) The fee for the issuance of a replacement certificate or a certificate with a change of name or address, other than at renewal time, is $10. No fee is required for name or address change on Department records when no duplicate or replacement certificate is issued.

(Source: Added at 23 Ill. Reg. 4297, effective MAR 26 1999)

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SUBPART E: GENERAL STANDARDS FOR TRAINING AND QUALIFICATIONS FOR PERSONNEL TO PROVIDE VISION SCREENING SERVICES

Section 685.400 Screening Personnel (Repealed)

~~Vision screening shall be provided by a technician trained and certified by the Department. A certificate will be presented following successful completion of the course. This certificate is valid for a three year period, and can be renewed each three years by attending a recertification workshop. A valid certificate in vision as defined by the Department is contingent on the following:~~

~~a) Any person with a high school education or its equivalent who is working in or supervising or has a definite commitment to work in or supervise a vision screening program may apply for training. The screening program must be for identification of vision problems in preschool and school age children.~~

~~b) Full attendance at the vision training course is mandatory.~~

~~c) Successful completion of a written examination at the conclusion of the lecture series. A score of 75 percent or greater must be obtained, or the trainee will be failed.~~

~~d) Demonstration of proficiency at a vision practicum. This phase includes: the ability to instruct and test children; the ability to recognize screening failures and referrals; and the ability to successfully organize and maintain the vision screening program. Failure to successfully demonstrate proficiency at the practicum portion of the workshop will result in the trainee being categorized into one of the following groups:~~

~~1) "pass with further supervision" this category will allow the trainee to pass the course after demonstration of proficiency through an additional supervisory visit(s) by the regional vision consultant of the Department;~~

~~2) "failure to demonstrate proficiency" the category indicates the trainee did not meet expectations and will not be certified to perform vision testing.~~

~~e) Curriculum~~

~~These training courses are offered as a program involving intensive instruction and practice time. The curriculum shall include but is not limited to the following:~~

~~1) Vision program philosophy;~~

~~2) Organizing and conducting a vision screening program;~~

~~3) Approved methods of screening;~~

~~4) Standards for screening and referral;~~

~~5) Vision screening referral.~~

(Source: Repealed at 23 Ill. Reg. 1983, effective MAR 26 1999)

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY RULES

1) Heading of the Part: Managed Care Community Networks

2) Code Citation: 89 Ill. Adm. Code 143

3)

Section Numbers:	Emergency Action:
143.100	New
143.200	New
143.300	New
143.400	New
143.500	New

4) Statutory Authority: Sections 5-11, 5-12 and 5-13 of the Illinois Public Aid Code [305 ILCS 5/5-11, 5-12 and 5-13]

5) Effective Date: March 26, 1999

6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: Not Applicable

7) Date Filed with the Index Department: March 26, 1999

8) A copy of the emergency amendment, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: These emergency amendments are being filed to establish certification and other administrative requirements for Managed Care Community Networks (MCCNs) in Illinois. These new provisions are necessary to allow existing prepaid health plans (PHPs) to convert to MCCN status, thereby avoiding expiration of the PHP contracts and moving PHPs to a reimbursement methodology that is comparable to that of a health maintenance organization. Immediate implementation of these amendments is needed to allow for the timely conversion of PHPs to MCCNs to avoid the disruption in medical services that could occur if the PHP contracts are allowed to expire.

10) Complete Description of the Subjects and Issues Involved: These emergency amendments establish administrative requirements, including certification, quality assurance and review processes, for Managed Care Community Networks (MCCNs) in Illinois. MCCNs are entities, other than health maintenance organizations, that are owned, operated, or governed by providers of health care services within Illinois and that provide or arrange for primary, secondary, and tertiary managed health care services under contract with the Department. MCCNs provide services under such arrangements with the Department exclusively to persons participating in programs administered by the Department. Rates to be paid to MCCNs shall be established by the Department.

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These emergency amendments will establish the Department's ability to certify MCCNs as risk-bearing entities eligible to enter into contracts with the Department as Medicaid managed care organizations. It is anticipated that under these emergency provisions, existing prepaid health plans (PHPs) will convert to MCCNs in order to avoid expiration of PHP contracts and move the existing PHPs to a reimbursement methodology that is comparable to that of a health maintenance organization.

These emergency amendments are not expected to result in any budgetary changes for the Department.

11) Are there any other amendments pending on this Part? No

12) Statement of Statewide Policy Objectives: These emergency amendments neither create nor expand any state mandates affecting units of local government.

13) Information and questions regarding this amendment shall be directed to:

Joanne Jones
Bureau of Rules and Regulations
Illinois Department of Public Aid
201 South Grand Avenue East, Third Floor
Springfield, Illinois 62763
(217) 524-0081

The full text of the emergency amendments begins on the next page:

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TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMS

PART 143
MANAGED CARE COMMUNITY NETWORKS

Section
143.100 Definitions
EMERGENCY
143.200 Organizational Structure
EMERGENCY
143.300 General Provisions
EMERGENCY
143.400 Financial Requirements
EMERGENCY
143.500 Certification
EMERGENCY

AUTHORITY: Sections 5-11, 5-12 and 5-13 of the Illinois Public Aid Code [305 ILCS 5/5-11, 5-12 and 5-13].

SOURCE: Adopted by emergency rulemaking at 23 Ill. Reg. 4192, effective March 26, 1999, for a maximum of 150 days.

Section 143.100 Definitions
EMERGENCY

For purposes of this Part, the terms below shall be defined as follows:

"Contract" means a document containing certain terms and conditions that meet the requirements of this Part and is entered into by a Managed Care Community Network (MCCN) and the Department.

"County MCCN" means a county with a population of over three million that has a contract with the Department to provide primary, secondary, or tertiary managed health care services as an MCCN.

"Department" means the Illinois Department of Public Aid and any successor agencies.

"Eligible enrollee" means anyone who is eligible to receive medical services through programs administered by the Department and is eligible to receive services through an MCCN.

"Enrollee" means a person who receives medical services through an MCCN.

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"Managed Care Community Network (MCCN)" means an entity, other than a health maintenance organization, that is owned, operated, or governed by providers of health care services within Illinois and that provides or arranges primary, secondary and tertiary managed health care services under contract with the Department exclusively to persons participating in programs administered by the Department. An MCCN may choose to contract with the Department to provide only pediatric health care services.

"Person" means any individual, corporation, proprietorship, firm, partnership, limited partnership, trust, association, governmental authority or other entity, whether acting in an individual, fiduciary or other capacity.

"Provider" means a person who is approved by the Department to furnish medical, educational or rehabilitative services to enrollees.

Section 143.200 Organizational Structure
EMERGENCY

a) The Managed Care Community Network (MCCN) shall be a separate entity organized as a corporation, limited liability company, or partnership under the laws of this State for the purpose of operating an MCCN and, except for a county MCCN, doing no business other than that of an MCCN.

b) If organized as a stock corporation or limited liability company, 100 percent of all voting shares must be owned by, or 100 percent of all members in the limited liability company must be, providers of health care services who are subject to licensure by the Illinois Department of Professional Regulation, or who are subject to licensure or certification by the Illinois Department of Public Health or the Illinois Department of Human Services.

c) If organized as an Illinois not-for-profit corporation, the governing body must be constituted of at least 80 percent of providers of health care services who are subject to licensure by the Illinois Department of Professional Regulation, or who are subject to licensure or certification by the Illinois Department of Public Health or the Illinois Department of Human Services, or be employees or officers of such providers of health care services. For the purpose of this subsection, a State-owned medical school shall be a qualified provider of health care services.

d) If organized as a partnership, all limited and general partners must be providers of health care services who are subject to licensure by the Illinois Department of Professional Regulation, or who are subject to licensure or certification by the Illinois Department of Public Health or the Illinois Department of Human Services.

e) A County MCCN:
   1) May be formed without establishing a separate entity;

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   2) Is entitled to enter into a contract to provide services in any or all of a county with a population of over three million; and
   3) Is not required to accept enrollees who do not reside within the county.

Section 143.300 General Provisions
EMERGENCY

a) The Department may enter into contracts with MCCNs for the provision of medical care to eligible enrollees.

b) The Department may limit the number of MCCNs with which it contracts and may specify a maximum and minimum enrollment capacity per MCCN.

c) Covered services to be provided or arranged by an MCCN shall be established in each MCCN's contract.

d) The Department may include, in every contract with an MCCN, language describing the sanctions that the Department may impose upon the MCCN for failure to comply with this Part or the terms and conditions of that contract.
   1) Sanctions may include one or more of the following, but are not limited to:
      A) Monetary sanctions established and assessed by the Department against the MCCN;
      B) Freezing enrollment for a period to be determined by the Department;
      C) Liquidated damages;
      D) Disenrollment of enrollees;
      E) Withholding all payments or any portion thereof due the MCCN; and
      F) Any other sanctions that are deemed appropriate by the Department.
   2) In addition to any sanctions, the Department shall have the right to terminate the contract with or without cause.

e) To be certified as an MCCN by the Department, an MCCN must meet each of the following requirements:
   1) An MCCN must execute a written contract with the Department.
   2) An MCCN must meet each of the requirements as set forth in the applicable federal and State statutes, regulations, rules, this Part and as defined in the contract.
   3) An MCCN must maintain procedures for enrollee complaints as established in contract with the Department. Such procedures shall, at a minimum, meet the standards set forth in the Health Maintenance Organization Act [215 ILCS 125] and applicable rules, applicable federal law and as may be described in the contract. Those requirements shall include, but are not limited to, requirements that MCCNs maintain:
      A) Procedures for registering and responding to complaints and grievances in a specified time;
      B) Procedures for recording the substance of the complaints;

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C) A method for monitoring complaints against providers, and coordinating this function with established grievance procedures; and

D) A method for tracking minor but regular complaints about specific providers that may be indicative of problems.

4) An MCCN must maintain a quality assurance and utilization review program. Such procedures shall, at a minimum, meet the standards set forth in the Health Maintenance Organization Act [215 ILCS 125], applicable federal law and as may be described in the contract. Requirements shall include, but are not limited to:

A) The establishment of a quality assurance plan that satisfies any and all applicable State and federal statutory, regulatory, administrative, and policy requirements that address quality of care oversight in managed care;

B) Utilization and quality assurance monitoring and reporting;

C) The establishment of a peer review committee that is responsible for reviewing medical care provided, including issues involving conflicts of interest, and making recommendations for changes when problems are identified; and

D) Other quality assurance requirements that are established by the Department.

f) The rates to be paid to MCCNs shall be established by the Department.

Section 143.400 Financial Requirements
EMERGENCY

a) Minimum Net Worth
Except during the first contract year, each MCCN must have and maintain at all times a net worth of at least five percent of the total annual capitated payments as calculated and based upon the MCCN's experience in its immediate prior fiscal year as evidenced by the most recent annual financial statement. However, the net worth of an MCCN need not be greater than $1,500,000 during any contract year. During the term of the contract, the minimum net worth requirements are as follows:

1) Prior to entering into the contract and for the first six months of the first contract year, net worth shall be at least:

A) $500,000 for MCCNs contracting in a county with a population of over three million, or

B) $125,000 for all other MCCNs.

2) For the last six months of the first contract year, net worth shall be at least:

A) $750,000 for MCCNs contracting in a county with a population of over three million, or

B) $187,500 for all other MCCNs.

3) For the second and all subsequent contract years, net worth shall not be less than:

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A) $1,000,000 for MCCNs contracting in a county with a population of over three million, or

B) $250,000 for all other MCCNs.

b) Determination of Net Worth
Net worth must be determined in accordance with generally accepted accounting principles (GAAP) and may take into account certain provisions of the statutory accounting practices as defined by the Health Maintenance Organization Act. Any solvency and financial standards set forth in the contract shall be no more restrictive than the standards applicable to provider-sponsored organizations in the Medicare+Choice program (42 CFR Part 422). Each MCCN shall make available to the Department, upon the request of the Department at any time prior to entering into a contract or during the term of any such contract, documentation sufficient to enable the Department to verify or otherwise calculate the net worth of the MCCN. Such documentation may include, but is not limited to, audited financial statements, tax returns, and books and records establishing such net worth.

c) Solvency Standards
Solvency must be comprised of the following:

1) Prior to entering into the contract and for the first six months of the first contract year:

A) At least $250,000 of the minimum net worth amount must be maintained in cash or cash equivalents for MCCNs contracting in a county with a population of over three million, or

B) At least $62,500 in cash and cash equivalents for all other MCCNs.

2) For the last six months of the first contract year:

A) At least $375,000 of the minimum net worth amount must be maintained in cash or cash equivalents for MCCNs contracting in a county with a population of over three million, or

B) At least $93,750 in cash and cash equivalents for all other MCCNs.

3) For the second and all subsequent contract years:

A) The greater of $750,000 or 40 percent of the minimum net worth amount must be maintained in cash or cash equivalents for MCCNs contracting in a county with a population of over three million, or

B) The greater of $187,500 or 40 percent of the minimum net worth amount in cash and cash equivalents for all other MCCNs.

4) Each MCCN shall make adequate provisions against the risks of insolvency. Solvency of the MCCN must be guaranteed by guarantees or letters of credit from recognized financial institutions or by the establishment of escrow or trust accounts. Each MCCN shall assure that enrollees are in no case held liable for debts of the MCCN in the event of an MCCN's insolvency.

d) Solvency Reporting Requirements

1) Each MCCN shall make a written quarterly report to the Department

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establishing the state of the MCCN's solvency and whether such MCCN fails to meet, meets or exceeds the solvency requirements set forth in this Part. Upon request of the Department, each MCCN shall provide the Department with access to documentation sufficient to enable the Department to verify or otherwise calculate the solvency of the MCCN. Such documentation may include, but is not limited to, audited financial statements, tax returns, and books and records establishing such solvency.

2) An MCCN that falls below the requirements set forth in this Section, as determined by the Department, shall be provided with written notice by the Department of such failure. The MCCN shall have 30 days from the date of the notice to meet its net worth and/or solvency requirements. The MCCN must provide the Department, within that 30 day period, adequate documentation of its rehabilitation of the net worth and/or solvency. If the MCCN fails to rehabilitate its net worth and/or solvency within that 30 day period, the Department may freeze enrollment unless the Department extends the 30 day time period. Such extension is at the discretion of the Department and the Department may request the MCCN to show good cause why such extension should be granted. Nothing in this Part shall prohibit the Department from imposing any other sanctions available under this Part, the contract or at law after the expiration of the 30 day period.

Section 143.500 Certification
EMERGENCY

An MCCN that meets the requirements of this Part is deemed to be certified by the Department as a risk bearing entity solely for the purpose of meeting the requirements of a Medicaid Managed Care Organization as defined in Section 1903(m) of the Social Security Act and the Department may enter into a contract with such certified MCCN.

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REQUEST FOR EXPEDITED CORRECTION

1) Heading of the Part: Minimum Safety Standards for Construction of Type I School Buses

2) Code Citation: 92 Ill. Adm. Code 440

3) Section Numbers: 440.420

4) Date Proposal published in Illinois Register: March 27, 1998, 22 Ill. Reg. 5833

5) Date Adoption published in Illinois Register: October 30, 1998, 22 Ill. Reg. 19354

6) Summary and Purpose of Expedited Correction: The Department published adopted amendments to Part 440 on October 30, 1998 at 22 Ill. Reg. 19354. Thereafter, the Joint Committee on Administrative Rules (JCAR) identified a discrepancy between the published adopted text at Section 440.420 and the version filed with the Administrative Code Division. The Department inadvertently deleted a requirement at Section 440.420(aa)(2), "Reflectors. Left Side" in the version filed with the Administrative Code Division. The intention to adopt this requirement is reflected in the First Notice, Second Notice and in the published adopted version of the rulemaking.

The above-mentioned requirement is a statutory provision found at Section 12-202 of the Illinois Vehicle Code [625 ILCS 5/12-202].

In order to satisfy the requirements of the Illinois Vehicle Code and to correct the Department's error, the Division of Traffic Safety will do a mailing of the corrected page to those school bus manufacturers in Illinois affected by this Part. The Department anticipates no hardship to the industry by utilizing this Notice of Expedited Correction. The missing requirement for left side reflectors is verbatim that of right side reflectors that is located at Section 440.420(aa)(3)). (The missing requirement is at Section 440.420(aa)(2).) The school bus manufacturers have, in all probability, the knowledge and expertise to correctly construct the left side reflector despite the Department's omission. Because this Part concerns safety standards for the construction of school buses, the Department believes the public interest will be served by the expedited correction of this error which again occurred only in the filing version of this amended Part.

7) Information and questions regarding this request shall be directed to:

Name: Christine Caronna-Beard, Rules Manager
Address: Illinois Department of Transportation
2300 South Dirksen Parkway
Room 311

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Springfield, Illinois 62764
Telephone: 217/782-3215
Fax: 217/524-0823

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TITLE 92: TRANSPORTATION
CHAPTER I: DEPARTMENT OF TRANSPORTATION
SUBCHAPTER e: TRAFFIC SAFETY (EXCEPT HAZARDOUS MATERIALS)

PART 440
MINIMUM SAFETY STANDARDS FOR CONSTRUCTION
OF TYPE I SCHOOL BUSES

SUBPART A: INTRODUCTION

Section
440.10 Order
440.20 Guidelines
440.30 Responsibilities

SUBPART B: GENERAL

Section
440.110 Purpose
440.120 Scope
440.130 Applicability
440.140 Effective Date
440.150 Quantified Requirements

SUBPART C: DEFINITIONS

Section
440.205 Dictionary Used
440.210 Federal Definitions
440.220 State Definitions

SUBPART D: CERTIFICATION

Section
440.305 Certification by Manufacturer
440.310 Federal Standards
440.320 State Standards

SUBPART E: BODY REQUIREMENTS

Section
440.405 Conformance to the Requirements
440.410 Incorporation by Reference of Federal Motor Vehicle Safety Standards
440.420 State Requirements

SUBPART F: CHASSIS REQUIREMENTS

Section

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440.505 Conformance to the Requirements
440.510 Incorporation by Reference of Federal Motor Vehicle Safety Standards
440.520 State Requirements

ILLUSTRATION A Hexagon Shaped Stop Signal Arm (Repealed)
ILLUSTRATION B Octagon Shaped Stop Signal Arm Panel
APPENDIX A Federal Motor Vehicle Safety Standards (FMVSS) and Related Regulations (Repealed)
APPENDIX B First Aid Kit Requirements (Referred to in Section 440.420(k)) (Repealed)
APPENDIX C Specification Sheet Reflective Material -- Encapsulated Lens (Based on FHWA Notice N 5040.17, June 15, 1976) (Repealed)

AUTHORITY: Implementing Article VIII of Chapter 12 and authorized by Section 12-812 of the Illinois Vehicle Code [625 ILCS 5/Ch. 12, Art. VIII].

SOURCE: Filed June 20, 1977; amended at 6 Ill. Reg. 7147, effective June 2, 1982; codified at 8 Ill. Reg. 15502; amended at 11 Ill. Reg. 15947, effective September 21, 1987; amended at 12 Ill. Reg. 8463, effective May 3, 1988; amended at 16 Ill. Reg. 1655, effective January 14, 1992; amended at 17 Ill. Reg. 3530, effective March 2, 1993; amended at 18 Ill. Reg. 14764, effective September 20, 1994; amended at 22 Ill. Reg. 19354, effective October 15, 1998; expedited correction at 23 Ill. Reg. 4300, effective October 15, 1998.

NOTE: In this Part, unless the context clearly indicates otherwise, superscript numbers or letters are denoted by parentheses; subscript are denoted by brackets.

SUBPART E: BODY REQUIREMENTS

Section 440.420 State Requirements

Except for mirrors, which may project 153 mm (6") beyond each side of the bus, a school bus shall not exceed 2.44 m (8 feet) in width, 4.12 m (13 feet 6 inches) in height, nor 12.81 m (42 feet) in length. [625 ILCS 5/15-102, 15-103 and 15-107] Each bus body shall be constructed so as to preclude road splash, road dust, or the bus engine's fumes or gas entering either the driver, passenger, or service entrance space through any joint, crack, hole, or opening other than an opened door or window. In addition, various portions of the bus body shall conform to the requirements set forth under the following subsections.

a) Aisle. An aisle, easily negotiated ("easily negotiated" means that an aisle meets the dimension requirements set forth in this subsection from front of bus to back of bus) and free of tripping hazards ("tripping hazards" are tears, wrinkles and other imperfections in the floor covering material, or the floor itself causing the walking surface to be uneven), shall extend from the forward edge of the service entrance stairway to the emergency door in the rear of the bus

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or, when such door is absent, to the forward edge of the rearmost seat. This aisle shall be no less than 305 mm (12") wide at every location between floor covering and the top of each seat cushion and, in a bus manufactured in July 1987 or later, shall be no less than 380 mm (15") wide at and above a level 50 mm (2") below the top of any seat back. At least 1.75m (68.9") floor-to-ceiling height shall be provided above the entire required width of this aisle between the forward edge of the rearmost seat and the forward edge of the service entrance stairway. A dedicated aisle that conforms to 49 CFR 571.217 may be adjacent to any side emergency door.

b) Battery. Either one battery or two or more suitably connected batteries may be installed.
   1) When rated in conformance with SAE Standard J537h the battery(s) shall provide a current flow for engine cranking no less than the engine manufacturer's recommended Cold Cranking Current (amperes for 30 seconds) at -18° C (0° F) or, at the purchaser's option, at -29° C (-20° F).
   2) When rated in conformance with SAE Standard J537h the battery(s) shall provide a Reserve Capacity (duration of 25 ampere current flow) at 27° C (80° F) no less than 135 minutes.
   AGENCY NOTE: If the purchaser needs to provide for extended cold weather bus operation immediately after malfunction or failure of the battery charging equipment he should specify battery reserve capacity, and temperature, commensurate with the temperature and duration of extended operation needed.

c) Battery Carrier. When the battery is mounted outside the engine compartment it shall be attached securely in a closed, weather-tight, and vented compartment that is located and arranged so as to provide for convenient routine servicing. The battery compartment door, or cover, shall be secured by an adequate manually operated latch(es) or other fastener(s). Each electrical cable connecting the battery(s) in this carrier to the body or chassis shall be one-piece between the battery terminal connector and the first body or chassis terminal connector.

d) Bumper, Rear. The rear bumper shall be of channel type cross section with the top edge at least 225 mm (8.9") above the bottom edge, shall be formed from rolled steel at least 4.55 mm (.18") thick, and shall wrap around the rear corners of the body to a point at least 300 mm (11.8") forward of the rearmost point of the body at floor line. The rear bumper shall be attached to the chassis frame with provisions for removal by means of commonly available hand tools and the prevention of hitching-to or riding thereon. The rear bumper shall be of sufficient strength to permit the bus being pushed by another vehicle without permanent distortion.

e) Capacity, Passenger. *The vehicle maximum passenger capacity recommended by the manufacturer of the bus shall be based upon a provision for 13 inches of seating space for each passenger, exclusive of the driver.* [625 ILCS 5/12-802] Examples: A seat 990 mm (39") in

width provides 3 passenger spaces; A seat 985 mm (38.8") in width provides 2 passenger spaces; A device resembling a seat but less than 330 mm (13") in width would not provide a passenger space. Neither a space not conforming to FMVSS 222 nor the driver's space shall be counted as a passenger space. However, any space used for transporting an orthopedically challenged passenger shall be counted as a passenger space when computing passenger capacity to be displayed on the exterior of the bus as required in subsection (t)(7).

f) Certificate and Registration Card Holder. At least 1 card holder with a transparent face no less than 150 mm by 100 mm (5.9" by 3.9") shall be securely affixed to the interior header panel out of the students' easy reach.

g) Color and Paint, Exterior. *The exterior of each school bus shall be national school bus glossy yellow except as indicated in subsections (g)(1)-(6):*

1) *The rooftop may be white.* A white roof may extend only to within six inches above the drip rails on the sides of the body. The front and rear roof caps shall remain national school bus glossy yellow.
2) *Body trim, rub rails, lettering other than on a stop signal arm and bumpers shall be glossy black* (Federal Standard No. 595a, glossy black enamel No. 170381).
3) *Lettering on a stop signal arm shall be white on a red background.*
4) *The hood and upper cowl may be lusterless black* (595a, 37038) *or lusterless school bus yellow.*
5) *Grilles on the front, lamp trim and hubcaps may be a bright finish.*
6) *The name or emblem of a manufacturer may be colorless or any color.*
7) *The exterior paint of any school bus shall match the central value, hue and chroma set forth* in this Part. [625 ILCS 5/12-801]
8) Yellow retroreflective tape required by 49 CFR 517.217 can be located on the rear bumper provided the space between the top of the bumper and the bottom of the door is not adequate to accommodate the tape.

AGENCY NOTE: To be certain of glare reduction, a purchaser should specify a lusterless paint.

h) Crossing Control Arm:

1) *Required on school buses manufactured after December 31, 1997.* [625 ILCS 5/12-807.2] (See P.A. 90-108, effective July 14, 1997.)
2) Must meet or exceed SAE J1133.
3) Must be capable of full operation between, and including, the temperatures -40 degrees F and 160 degrees F.
4) The arm, when activated, must extend a minimum of five feet from the front face of the bumper.
5) The arm must be mounted on the far right side (entry side) of the front bumper.

6) Appropriate brackets shall be used to attach the arm to the front bumper for proper operation and storage.
7) All component parts must meet or exceed any applicable federal motor vehicle safety standards in effect at the time of manufacture.
8) The arm must extend at the same time the stop arm panel extends. An independent "on/off" switch is prohibited.
9) If the driver can stop the arm from extending with the use of an optional override switch, the arm sequence must automatically reset once the service door is closed.
10) Red lights and/or red reflectors are prohibited.

i) Defrosters. Defrosting equipment shall be installed so as to help keep the window to the left of the driver and the glass in the service door clear of fog or frost. This defrosting equipment shall conform to those FMVSS 103 (49 CFR 571.103) performance requirements that are applicable to school bus windshields.

j) Emergency Exits. All emergency exits shall conform to the applicable requirements of FMVSS 217 (49 CFR 571.217).

1) Each opening for a required emergency exit must be outlined around its exterior perimeter with, at a minimum, 1 inch (2.54 cm) wide yellow retroreflective tape. This yellow retroreflective tape must be on the exterior surface of the bus and conform to all requirements of 49 CFR 571.217.
2) Both audible and visible alarms shall alert the driver when the engine is running and any emergency exit door either:
   A) Is not fully latched, or
   B) Is locked and not readily operated manually.
3) An audible alarm shall alert the driver when the engine is running and any emergency exit window either:
   A) Is not fully latched, or
   B) Is locked and not readily operated manually.
4) The engine starting system shall not operate while any emergency exit door or window (optional or required) is locked from either inside or outside the bus. "Locked" means that the release mechanism cannot be activated and the exit cannot be opened by a person at the exit without a special device such as a key or special information such as a combination.
5) An alarm cut-off or "squelch" control is prohibited.
6) Exception: No alarm is required for roof hatches.

k) Fire extinguisher.

AGENCY NOTE: At least one fire extinguisher must be carried in each school bus transporting pupils but the purchaser may elect to install an extinguisher that conforms to the requirements below after the bus is purchased.

The fire extinguisher shall be of the dry chemical type, with pressure gauge, mounted in a quick-release bracket of automotive type located in view of and readily accessible to the driver, except when carried in the locked compartment authorized under subsection (u) below. The

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fire extinguisher shall be of a type approved by the Underwriters' Laboratories, Inc., with a rating not less than 10-BC. The operating mechanism shall be sealed with a type of seal that will not interfere with the use of the fire extinguisher. Halon fire extinguishers (10-BC) are approved.

l) First-Aid Kit.

AGENCY NOTE: A first aid kit must be carried in each school bus transporting pupils but the owner may elect to install a kit that conforms to this subsection after the bus is purchased.

1) The first aid kit must be readily identifiable and readily accessible to the driver. The kit must be dust tight and substantially constructed of durable material. If the kit is not carried in the locked compartment as authorized in subsection (u)(2), it must be in view of the driver.

2) The first aid kit must include, but is not limited to, the following:

A) 4" bandage compress - 2 packages
B) 2" bandage compress - 2 packages
C) 1" bandage or adhesive compress - 1 package
D) 40" triangle bandage with two safety pins - 1
E) Splint, wire or wood - 1

3) A tourniquet or any type of ointment, antiseptic or other medicine cannot be included.

m) Floor Covering.

1) All portions of the floor that come in contact with passengers' or driver's footwear shall be covered with a waterproof material. This floor covering shall not crack when subjected to sudden temperature change and shall be bonded securely to the floor with a waterproof substance. All seams and openings shall be filled with a waterproof sealer.

2) The floor covering in the aisles and entrance area shall be of non-skid, wear-resistance type material commonly used in commercial passenger transportation vehicles.

n) Fuel System.

The fuel system shall conform to all applicable provisions of FMVSS 301 (49 CFR 301).

o) Glazing Materials.

1) The following applies to glazing on Type I school buses:

A) Laminated safety glass is optional on Type I school buses. All applicable provisions of FMVSS 205 (49 CFR 205) apply to the optional laminated safety glass and also to any plastic material(s) used in multiple-glazed unit, including meeting the pertinent tests indicated below, that are specified in ANSI Standard Z26.1-1996, Z26.1a-1996, and are grouped in Table No. 1 of that Standard. Glazing shall be identified as shown below.

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Glazing installed in:	Shall meet tests grouped in Z26.1 Table No. 1 under:	Shall bear one of the following identification markings:
Windshield	Item 1, either laminated glass or multiple glazed unit;	AS 1 Glass;
Window or door forward of rear-most location of driver's seat back		AS 1 Glass, or AS 2 Glass;
All Other locations		AS 1 Glass, or AS 2 Glass, or AS 3 Glass.

B) In addition, any exposed plastic layer of a multiple glazed unit shall be identified in conformance with FMVSS 205 (49 CFR 571.205).

2) All glazing shall be installed so the identification markings are legible.

p) Heaters.

1) An interior temperature of not less than 10 degrees Celsius (50 degrees F) shall be maintained throughout the bus while the bus is moving at 75 kilometers per hour (46.6 miles per hour) in calm air at the average minimum January temperature, as established by the Weather Bureau, U.S. Department of Commerce, for the area in which the bus is to be operated.

2) Each heater shall bear a nameplate that shall identify the heater manufacturer and state the heater capacity rating when tested as recommended in SAE Recommended Practice J638, or when tested in accordance with other nationally recognized standard or code. The recommended practice, standard, or code under which the heater is rated shall be identified on the nameplate. Such nameplate shall constitute certification by the heater manufacturer that the heater performance is as shown on the plate.

3) Heater hoses shall be supported so as to prevent wear due to vibration. The hoses shall not dangle or rub against the chassis or sharp edges and shall neither interfere with nor restrict the operation of any engine function (such as an emission or ignition control mechanism). Heater hoses shall be protected or baffled between the point at which they enter the passenger compartment and the point of attachment to the heater so that, in the event of hose rupture or disconnection, passengers and/or driver will not be subject to hot water burns.

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q) Heater Hose Connections at Engine. Each heater hose connection to the engine shall include a shutoff valve located as close to the engine as practical. Such connection and valve shall not interfere with any engine function whether closed, partially open, or fully open, with heater hoses installed properly.

r) Interior.

1) Thermal and acoustic material(s) shall be installed in the ceiling and the sides of the body to reduce heat transfer and the interior noise level.

2) The passenger compartment of the bus, including the ceiling, shall be free of any visible or concealed projections likely to cause injury. Exposed lapped joints shall be connected and/or treated to reduce likelihood of injury from exposed edges. Materials or components in the passenger compartment located within 59 inches from the floor shall be free of any sharp corner or projections or shall be padded so as to make injury unlikely.

s) Lamps and Signals.

1) Alternately Flashing Signal Lamps. Each bus shall be equipped with an eight lamp alternately flashing signal system that conforms to S45.1.4.(b) of FMVSS 108 (49 CFR 571.108) and 625 ILCS 5/12-805. A separate circuit breaker and a master switch shall be provided for this signal system. When in its "off" position, this master switch shall prevent operation of the eight lamp system; shall prevent operation of any lamps mounted on the stop signal arm panel required under subsection (hh); and shall prevent operation of any electrically controlled mechanism that would cause the stop signal arm panel to extend. The controls for the eight lamp flashing signals, the stop signal arm panel, and the service entrance door shall be arranged so as to provide for the following sequence of operations while the engine is running:

A) Place the alternately flashing signal system master switch in its "off" position. Close and secure the service entrance door. Actuate the alternately flashing signal system hand or foot control. The alternately flashing signal lamps of either yellow (amber) or red color shall not go on.

B) With the master switch "off" and the hand or foot control actuated, open the service door. The alternately flashing signals of either color shall not go on and the stop signal arm panel shall not extend.

C) Deactivate the hand or foot control. Place the alternately flashing signal system master switch in its "on" position. Close and secure the service door. Then open the service door. The alternately flashing signal lamps of either color shall not go on and the stop signal arm panel shall not extend.

D) Close and secure the service door. Actuate the alternately flashing signal system by hand or foot control. A yellow pilot lamp in the view of the driver and the yellow alternately flashing signals shall go on.

E) Desecure but do not open the service door. The yellow pilot and the yellow alternately flashing signals shall go off. A red pilot lamp in the view of the driver and the red alternately flashing signals shall go on. The stop signal arm panel shall extend.

F) Fully open the service door. The red pilot and red signals shall remain on and the stop arm shall remain extended.

G) Close but do not secure the service door. The red pilot and red signals shall remain on and the stop arm shall remain extended.

H) Open the service door. The red pilot and red signals shall remain on and the stop arm shall remain extended.

I) Close and secure the service door. The red pilot and red signals shall go off and the stop arm shall retract.

J) Open the service door. Alternately flashing signals of either color shall not go on and the stop arm shall not extend.

2) Rear Turn Signals. Yellow turn signal lamps shall be mounted on the rear as far apart as practical and as high as practical but below the rear window. The effective projected illuminated area of these turn signal lamps shall be no less than required for the yellow alternately flashing signal lamps required under subsection (s)(1), above; i.e., .0122 m(2)(19 in (2)).

3) Stop Signals. Red stop lamps shall be mounted on the rear as far apart as practical but closer to the vertical centerline of the bus than the rear turn signal lamps required under subsection (s)(2), and at the same height as those turn signal lamps. The effective projected illuminated area of these stop lamps shall be no less than required for the red alternately flashing signal lamps required under subsection (s)(1); i.e., .0122 m(2) (19 in (2)).

4) Side Turn Signals. Two yellow side turn signal lamps conforming to SAE Recommended Practice J914a, August 1973, shall be installed on each bus of more than 32 passenger seating capacity. Except as indicated below, this Recommended Practice shall be read as setting forth mandatory requirements. The lamps shall be "armored" and mounted on the body between the rub rails required under subsection (bb). The right lamp shall be within 1 m (39.4") of the rear of the service entrance but, on a forward control bus, not forward of the front axle. The left lamp shall be approximately the same distance from the front bumper as the right lamp.

5) Interior Lighting. At least the white nosings of the service entrance steps (subsection (ee)(3)), the floor around the stepwell, the entire aisle, and each emergency door and emergency

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exit shall be illuminated by lamp(s) emitting a white light. At least two interior illumination lamps shall be installed in a bus that provides 330 mm (13") of seating width for each of 33 or more passengers. At least the nosings of the service entrance steps and the floor around the stepwell shall be illuminated automatically by opening of the service door. No lamp shall be installed at or near the eye level of a pupil moving through the service entranceway to the aisle unless such lamp does not shine directly into the eye(s) of any such pupil.

t) Lettering.

1) General. Except where otherwise required or allowed, lettering on the exterior of the body shall be black against a national school bus glossy yellow background. All required letters and numerals shall conform to Series "B", or heavier series, of the Standard Alphabets for Highway Signs issued by the Federal Highway Administration, Washington, D.C. 20591. Decals may be used instead of paint. Signs, numbers, or letterings, other than those either required by statutes or required or permitted by these standards shall not be affixed permanently on either the exterior of the bus or the interior glazing so as to be visible to the outside. Interior lettering shall contrast with its background.

2) The words "SCHOOL BUS" shall be displayed against a national school bus glossy yellow background as high as practical and approximately centered on the front and rear of the bus body, in letters at least 200 mm (8") high. These words may be painted on or applied to the bus body or displayed on a sign firmly attached to or built into the body. The background of an illuminated sign shall approximate the national school bus glossy yellow color as closely as feasible.

3) A school bus identification number, supplied by the purchaser, shall be displayed as high as practical on the front and rear of the bus in numerals not less than 100 mm (4") high. Such number may be displayed on the sides of the bus as specified by the purchaser.

4) *Either the owner's name or the school district number or both must be displayed on both sides of the bus at least four inches high, approximately centered and as high as practicable below the window line.* (Section 12-802 of the Code) The lettering must be located on one line.

5) The body and/or chassis manufacturer's name, emblem, or other identification may be displayed, colorless or in any color, on any unglazed surface of the bus so as not to be mistaken for the name required in subsection (t)(4) above, and so as not to interfere with any required letters or numerals.

6) The words "EMPTY WEIGHT", or the abbreviation "EMPTY WT.", or the letters "E.W.", followed by the empty weight of the bus (Section 440.220), stated in pounds, shall be displayed on the exterior of

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the body near the rear edge of the service entrance in numerals and letters at least 50 mm (2") high.

Examples: EMPTY WEIGHT 16,800 lb E.W. 16,800 lb

7) The word "CAPACITY", or the abbreviation "CAP.", and the rated passenger capacity (subsection (e) above) followed by the word "PASSENGERS", or the abbreviation "PASS.", shall be displayed on the exterior of the body near the rear edge of the service entranceway, and on the interior above the right portion of the windshield, in numerals and letters at least 50 mm (2") high.

8) The words "NO STANDEES" shall be displayed only on the interior above the windshield, approximately opposite the aisle but to the right of the mirror and sun visor, in letters at least 50 mm (2") high.

9) The words "EMERGENCY DOOR" or "EMERGENCY EXIT" in letters at least 5 cm high must be displayed on the interior and exterior of the bus. "EMERGENCY DOOR" must be displayed at the top of, or directly above, any emergency exit door. "EMERGENCY EXIT" must be displayed at the top of, or directly above, or at the bottom of, any emergency exit window. They may be displayed on a separate colorless background (such as white, aluminum, or silver) that extends no more than 15 mm (.6") above or below the words and no more than 25 mm (1") to the right or left of the words.

10) A black arrow, curved or straight, at least 150 mm (5.9") in length and 15 mm (.6") in width, showing the direction each exterior emergency exit release mechanism is to be moved to open the emergency exit, shall be painted or permanently affixed on the exterior yellow portion of the bus within 150 mm (5.9") of each release mechanism.

11) An arrow showing the direction each interior emergency exit release mechanism is to be moved to open the emergency exit shall be painted or permanently affixed on the interior of the bus within 150 mm (5.9") of each emergency exit release mechanism. Each interior arrow shall contrast with its background and, where suitable space is limited, may be smaller than the exterior arrow(s) but must be conspicuous.

12) Alternate Fuel

A) *If the bus uses alternate fuel (e.g., propane, CNG), the vehicle must be marked with an identifying decal. Such decal shall be diamond shaped with white or silver scotchlite letters one inch in height and a stroke of the brush at least 1/4 inch wide on a black background with a white or silver scotchlite border bearing either the words or letters:*

"PROPANE" = If propelled by liquefied petroleum gas

other than liquefied natural gas; or

"CNG" = If propelled by compressed natural gas. The sign or decal shall be maintained in good legible condition.

B) *The alternate fuel decal shall be displayed near the rear bumper and visible from the rear of the vehicle.* (Section 12-704.3 of the Code)

13) For buses manufactured after December 31, 1998, the vehicle's length (rounded up to nearest whole foot) must be displayed on the interior bulkhead clearly within the driver's view. (For example: vehicle length of 39.1 feet will be displayed as 40 feet.)

14) A "Stop Line" in contrasting color is required between 5.9 and 6.1 inches below the top of each side window opening. The line shall be located between each window that slides downward.

u) Locked Compartment (Optional). If specified by the purchaser, a lockable compartment may be installed for storage of fire extinguisher, first-aid kit, warning devices, wheel chocks, or other items.

1) The compartment locking device shall be connected with an automatic audible and visible alarm that will alert the driver when the engine is running and the compartment is locked. No alarm disconnect, "squelch control", or other alarm defeating mechanism shall be installed.

2) A red cross, formed of five equal squares, and the words "FIRST-AID KIT" shall be displayed on the compartment door, or cover, if the first-aid kit is to be carried in the locked compartment.

3) The words "FIRE EXTINGUISHER" shall be displayed on the compartment door, or cover, if the fire extinguisher is to be carried in the locked compartment.

v) Metal Treatment.

1) Unless excluded below, all steel or iron used in construction of the bus body and attached equipment shall be either resistant to atmospheric corrosion, or zinc coated, or treated by equivalent process. Particular attention shall be given to each fastener or attaching device, lapped surface, welded connection or fastening, cut edge, punched or drilled hole, surface subjected to abrasion, closed or box section, and any unvented or undrained area or space. The number of unvented or undrained areas or spaces is to be minimized. Excluded are door handles, grab handles, and interior decorative parts.

2) As evidence that above requirements have been met, a sample of fastener, material, or section of body, coated or finished as installed in the bus, when subjected to a 1,000-hour salt spray test in accordance with American Society for Testing and

Materials (ASTM) Standard B-117-1997 "Method of Salt Spray (Fog) Testing" shall not exhibit more than 10 percent reduction in weight after all adherent corrosion products are removed.

w) Mirrors.

1) All mirror systems shall conform to the applicable requirements of FMVSS 111 (49 CFR 571.111).

2) More convex mirrors than required above may be installed, if specified by the purchaser.

3) The reflecting surface on the back of each mirror shall be protected from abrasion, scratching, and atmospheric corrosion.

x) Mounting of Body. This subsection does not apply to an integral type bus.

1) After the date of manufacture of the incomplete vehicle the chassis frame shall not be altered so as to extend the wheelbase. Other extension(s) of the chassis frame may be accomplished only by the incomplete vehicle, intermediate, or final-stage manufacturer or by an agent of such manufacturer properly instructed and authorized by such manufacturer to make such extension(s).

2) Insulating material shall be placed at all mounting points between the body and chassis frame. This material shall be at least 5 mm (.2") thick, may have the quality of the sidewall of an automobile tire, and shall be so secured that it will not move, vibrate, or "crawl" out of place during normal operations.

3) The body front shall be attached and sealed to the chassis cowl so as to prevent the entry of water, dust, or fumes through the joint between the chassis cowl and the body.

y) Radio Noise. For buses manufactured after December 31, 1998, radio/stereo speakers must be located at least four feet behind the rearmost position of the driver's seat.

AGENCY NOTE: Two-way communication radios are allowed.

z) Rack, Book. Not permissible.

aa) Reflectors.

1) Front

A) *Two yellow rigid or sheet type (tape) front reflex reflectors shall be attached securely and as far forward as practicable.* (Section 12-202 of the Code) They shall be located between 15 and 60 inches above the roadway at either fender, cowl, or body and installed so as to mark the outer edge of the maximum width of the bus. No part of the required reflecting material may be obscured by a lamp, mirror, bracket, or any other portion of the bus. No part of the required reflecting material may be more than 11.8 inches (300 mm) inboard of the outer edge of the nearest rub rail. The reflector may be any shape (e.g., square, rectangle, circle, oval, etc.). A rigid type reflex reflector may be any size if permanently marked either DOT, SAE A, or SAE J 594; otherwise, it shall display at least

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seven square inches of reflecting material (about three inch diameter if a solid circle).

B) A sheet type (tape) reflex reflector which conforms to FMVSS 108 (49 CFR 571.108 (S5.7.1.2)) may be used but its forward projected reflecting area shall be at least eight square inches.

2) Left Side

One amber at or near the front and one red at or near the rear. Mounted at a height not less than 15 inches and not more than 60 inches above the surface of the road. On sides of buses 20 feet or more in length, one amber as near center as practicable must also be provided. (Section 12-202 of the Code) The reflector must measure a minimum of three inches in diameter.

3) Right Side

One amber at or near the front and one red at or near the rear. Mounted at a height not less than 15 inches and not more than 60 inches above the surface of the road. On sides of buses 20 feet or more in length, one amber as near center as practicable must also be provided. (Section 12-202 of the Code) The reflector must measure a minimum of three inches in diameter.

4) Rear

Two red reflectors on rear body within 12 inches of lower right and lower left corners. (Section 12-202 of the Code) The reflector must measure a minimum of three inches in diameter.

bb) Rub Rails.

1) Rub rails of longitudinally corrugated or ribbed steel at least 100 mm (3.9") wide shall be fixed on the exterior of the bus.

2) There shall be one rub rail located approximately at seat level that shall extend from the rear of the service entrance completely around the bus body without interruption, except at a rear emergency door or a rear compartment, to a point of curvature near the front of the body on the left side.

3) There shall be one rub rail on each side located approximately at floor line that shall extend over the same longitudinal distance as the rub rail required under subsection (bb)(2), above, except:

A) This rub rail need not extend across a wheel housing, and

B) This rub rail may terminate at the radii of the right and left rear corners of the body.

4) Each rub rail required above shall be fastened to the bus body so as to attain at least 60 percent of the tensile strength of the weakest joined material, when strained in a direction parallel to the length of the rub rail.

5) Each joint in a rub rail required above shall be constructed so as to attain at least 60 percent of the tensile strength of a jointless length of rub rail, when strained in a direction parallel to the length of the rub rail.

6) More than two rub rails may be installed on a side and/or the rear of a bus.

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cc) Seating. Each seat and each barrier are required to conform to FMVSS 222 (49 CFR 571.222).

1) Seat, Driver's. The driver's seat shall be rigidly positioned, and shall afford both vertical and fore-and-aft adjustments of not less than 100 mm (3.9"), without the use of a tool or other non-attached device. The shortest distance between the steering wheel and the back rest of the operator's seat shall be no less than 280 mm (11").

2) Seats, Students'.

A) Each seat (except as provided in subsection (cc)(4)) shall be constructed so that the shortest straight-line distance from the top of the seat back to the empty seat cushion is 28" when measured near the transverse center of the seat at the front of the seat back and along the angle of rearward inclination of the seat back. Since the height of a seat back is difficult to measure precisely on a repeated basis, a measurement of 27.5" or more is deemed acceptable.

B) Each seat shall be forward facing (except as provided in subsection (cc)(4)).

C) A flip-up seat may be located only immediately adjacent to any side emergency door. The flip-up seat must conform to the following:

i) The seat must be designed so that, when in the folded position, the seat cushion is flat against the seat back to prevent a child's limb from becoming lodged between the seat cushion and seat back.

ii) The seat must be designed to discourage a child from standing on the seat cushion when in the folded position.

iii) The working mechanism under the seat must be covered to eliminate any tripping hazard.

iv) All sharp metal edges on the seat must be padded to prevent any snagging hazard.

v) No portion of the door latch mechanism can be obstructed by a seat.

vi) There must be at least 11.7 inches (30 cm) measured from the door opening to the seat back in front.

D) For buses manufactured on or after January 1, 1999, optional seat safety belts must be installed according to specifications provided by the bus body manufacturer. This may include reinforced seats and seat frames.

3) Barriers, Students'. The vertical distance from the floor covering to the top of a barrier positioned in front of a student's seat (as required by 49 CFR 571.222) shall measure not less than the vertical distance from the floor covering to the top of the seat back on the seat installed behind that barrier.

4) In the case of a seat to be occupied by a student with special needs, the seat back, forward facing, and barrier requirements of

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subsections (cc)(2) and (3) shall be changed only as necessary to meet the needs of the student with special needs (e.g., seat missing to accommodate wheelchair, hard surfaced stretcher installed to accommodate child who is not capable of sitting in a upright position) (see 92 Ill. Adm. Code 444).

dd) Seatbelt(s), Driver's.

1) Each driver's seatbelt assembly shall be arranged so that all portions of the assembly remain above the floor when not in use. Any retractor(s) installed shall be of the automatic locking type.

2) Buses manufactured after December 31, 1998 must be equipped with a lap belt/shoulder harness design for the driver.

ee) Service Entrance and Door.

1) The service entrance shall be located on the right side near the front, in unobstructed and convenient view of the driver. The service entrance shall have a minimum vertical opening of 1.7 m (67") and a minimum horizontal opening of 610 mm (24").

2) A steel grab handle not less than 250 mm (9.8") in length shall be firmly attached in an unobstructed location on the left side of the entranceway as a person enters the bus.

3) The bottom step in the entranceway shall not extend beyond the exterior of the body. With all seats empty, the bottom step shall be not less than 300 mm (11.8") and not more than 400 mm (15.7") from the roadway. At least two steps shall be provided. The steps shall be enclosed. Risers shall be approximately equal. Each step, including the floor at the top riser, shall be surfaced with a nonskid material with a 40 mm (1.6") to 80 mm (3.1") white nosing as an integral piece.

4) The service door shall be either manually or power operated by the seated driver. When in the closed and secured position, the door operating mechanism shall prevent accidental opening but shall afford prompt release and opening by the driver. No exposed parts of a door operating mechanism shall come together so as to shear or crush finger(s). The vertical closing edge(s) of a service door shall be padded to lessen chance of injury.

5) A power operated door shall be equipped for emergency manual operation in case of power failure. Instructions for emergency operation of a power operated door shall be affixed permanently on the interior of the door in letters at least 12 mm (.5") high.

6) A single-section service door shall be hinged at the front of the service entrance.

7) Glazed panels shall be installed in the service door to afford the driver a view of small children outside the door, traffic signs, and intersecting roadways. The bottom of each lower glass panel shall not be more than 10 inches from the top surface of the bottom step. The top of each upper glass panel shall not be more than 3 inches from the top of the door.

8) Service Door Lock (Optional). If ordered by the purchaser, a

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lock may be installed on or at the service door. Any type service door locking system installed in the bus shall conform to at least one of the following requirements.

A) Requirement 1: A locking system shall not be capable of preventing the driver from easily and quickly opening the service door; or

B) Requirement 2: A locking system that is capable of preventing the driver from easily and quickly opening the service door shall include an audible and visible alarm to alert the driver when the engine is running and the service door is locked. No alarm disconnect, "squelch control", or other alarm defeating or attenuating device shall be installed; or

C) Requirement 3: A locking system shall not be capable of preventing the driver from easily and quickly opening the service door except when, and only when, a person outside the bus uses a key that is not capable of locking more than one of at least 1000 of the door manufacturer's key locking systems.

ff) Steering Wheel Clearance. The rim grip of the steering wheel shall have at least 50 mm (2") clearance in all directions, except at the spokes.

gg) Steps, Body Front. On each side at the front of the body at least one grab handle and recessed foothold or folding stirrup step shall be installed so as to provide easy access to the windshield for cleaning purposes.

hh) Stop Signal Arm Panel.

1) A stop signal arm panel must be installed on the left side of the bus that conforms to 49 CFR 571.131. The panel may be operated either manually or mechanically. Decals may be used in lieu of painting. Strobe lamps are acceptable on stop signal arm panels.

2) "Operated ... mechanically" shall be interpreted to include power operation. Also, "16-gauge metal" shall be interpreted to include thicker metal and any nonmettalic material equivalent or superior to hot rolled 16-gauge mild steel in stiffness, corrosion resistance, and durability.

3) Section 440.Illustration B depicts the octagon shaped semaphore required in subsection (hh)(1).

4) When demonstrating conformance with signal operating requirements by performing the sequence of operations specified under subsection (s)(1), the driver, or operator, may employ any independent or manual operation or disconnection of the stop signal arm panel that is provided for convenient use by the seated driver without using any type of tool and without removing any unattached part.

5) Additional stop signal arm panels may be added at the purchaser's request. Additional panels must be located on the left side of the bus. Additional panels must operate in conjunction with the

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required panel and meet all stop arm panel requirements except as follows. The additional panel must not contain any lights, marking or reflective material on the front side of the panel. The additional panel must be located in the rear half of the bus adjacent to the rearmost window.

ii) Storage Compartment(s) (Optional).

1) If installed, the storage compartment(s) shall be fire-resistant and of adequate strength and capacity for the storage of the items to be carried, such as tire chains, tow chains, tools for roadside or minor repairs, school activity equipment, etc. The compartment(s) shall provide reasonable security for the contents and shall be constructed and installed so as to preclude passenger injury due to the compartment(s) or the contents becoming dislodged when the bus is subjected to the maximum possible braking force and to minimize chances of such injury when the bus is subjected to a collision impact.

2) If a relatively small storage compartment is located inside the passenger compartment, seat cushion(s) alone may not serve as the cover for the compartment.

jj) Sun Visor. An interior, adjustable, transparent, tinted sun visor not less than 150 mm (5.9") high by 760 mm (29.9") wide shall be so installed that it can be turned up and will remain up when not in use. It may be supported so that it can be moved for use on the driver's left, but when used in front of the driver and in a position approximately parallel to the windshield it shall be supported at or near each of its ends so as to minimize its vibration.

kk) Tow Hook, Rear (Optional). Any tow hook(s) installed on the rear shall be attached or braced to the chassis frame, or to an equivalent structural member of an integral type bus. A tow hook may not extend beyond the rear face of the rear bumper.

ll) Undercoating. The underside of the body, including floor members and the side panels below the floor, shall be coated with a fire-resistant undercoating material applied by the spray method so as to seal, insulate, reduce corrosion, and reduce interior noise. Non-metallic components need not be coated.

mm) Ventilation. The body shall be equipped with a controlled ventilation system of sufficient capacity to maintain a satisfactory ratio of outside to inside air under cool and cold operating conditions without opening of windows. With a powered ventilation system, air outlet openings shall be located, sized, and manufactured so that, with doors and windows closed, a positive pressure is maintained in the driver and passenger spaces, to lessen chances of dangerous gas entering such spaces. Fresh air inlet(s) shall be located so as to minimize entrance of either dangerous engine gas or obnoxious engine fumes.

nn) Warning Devices. *Either three red cloth flags not less than 12 inches square and three red reflectors a minimum of three inches in diameter or three bi-directional emergency triangles that conform to 49 CFR 571.125.* (Section 12-702 of the Code) The kit must be securely

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stored.

AGENCY NOTE: A school bus must carry warning devices when on the public roads, but the bus purchaser may elect to install warning devices after the bus is purchased.

oo) Weight Distribution and Gross Weight. Storage or cargo spaces, if installed, and seats shall be located so that when the bus is fully loaded as specified or advertised by the manufacturer the loads exerted on the roadway will exceed neither a tire load rating, nor a gross axle weight rating, nor the gross vehicle weight rating indicated by the data displayed on the label permanently affixed in compliance with Section 440.310.

pp) Wheel Housings.

1) Each wheel housing opening shall allow for unimpeded wheel and tire service or removal.

2) Each rear wheel housing shall provide the clearance recommended in SAE Information Report J683a, August 1985, for installation and use of tire chains on the dual or single tires installed on the rear wheels.

qq) Windows or Glazed Panels, Rear. Glazed panels, or windows, shall be installed in the rear of the bus so as to afford the seated driver a reflected view through the rear of the bus as wide and as high as practical without unduly weakening or increasing the cost of the body structure. Such view shall be as low as allowed by the back(s) of the rear seat(s) except that, when the aisle required under subsection (a), extends to a rear emergency door, an additional lower glazed panel shall be installed to afford the driver an additional view through such panel at least the width of the required aisle and as low and high as practical.

rr) Window Openings, Side. This subsection does not apply to a window or glazed panel installed forward of a front passenger seat, and are optional for a window installed either beside a rear passenger seat, or in a side emergency exit.

1) By sliding downwards each side window not excluded above shall provide an opening (for emergency egress) at least 560 mm (22") wide (fore & aft) and at least 230 mm (9") high. However, with the window in its lowest position the opening shall be at least 460 mm (18.1") above the seating surface of any passenger seat. Any latch located in the side window opening shall be recessed. Each such opening shall be free of exterior or interior window guard(s) or bar(s). Split-sash windows may be installed. Each exposed edge of glass shall be banded.

2) A horizontal "Stop Line" shall be affixed permanently across the stationary structure between each of the windows that can be opened by sliding downwards. The bottom of the line shall be between 150 mm and 155 mm (5.9" and 6.1") below the top of the window opening. The line shall contrast with the color of the stationary structure and be at least 5 mm (.2") wide.

ss) Windshield.

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1) The windshield shall be large enough to permit the operator to see the highway clearly, and shall be curved or slanted to reduce glare. The front cornerposts and other supports shall be shaped and located so as to cause as little obstruction to the driver's view of the highway as practical.
2) The windshield shall have a graduated glazing shade band across the top. The definition and boundary of this shade band shall be as recommended in SAE Recommended Practice J100, July 1969.

tt) Wiring. The following applies to wiring in Type I school buses:
1) All wiring for lamps and other electrical devices shall be as recommended for automobiles, motor coaches, and heavy duty starting motor circuits in SAE Recommended Practices J556, J555a, and J541a and in other practices or standards referenced therein, unless preempted by FMVSS.
2) Circuits.
A) Wiring shall be arranged in at least nine regular circuits as follows:
i) Head, tail, stop (brake), and instrument panel lamps;
ii) Clearance lamps and any lamps in or adjacent to step risers;
iii) Interior lamps;
iv) Starter motor;
v) Ignition, emergency exit alarm signal(s), and other alarm signal(s);
vi) Turn signal lamps;
vii) Alternately flashing signal lamps and stop signal arm lamps;
viii) Horn;
ix) Heater and defroster.
B) Any of the above combination circuits, except (vii), may be divided into independent circuits. Whenever feasible, all other electrical functions (sanders, windshield wipers, heaters, defrosters, etc.) shall be provided with independent and properly protected circuits.
3) Each body circuit shall be coded either by numeral(s) and/or letter(s) at approximately 100 mm (3.9") intervals, or by color and numeral(s) and/or letter(s), or by color(s) only. The code(s) shall appear on a diagram of the circuits in a readily accessible location.
4) A separate fuse or circuit breaker shall be provided for at least each circuit required under subsection (tt)(2)(A), except that components of the engine starter and ignition circuits may be protected by other means.
5) Wires not enclosed within the body shall be fastened securely at intervals of not more than 460 mm (18.1").
6) All terminals and splice clips shall be accessible.
7) The chassis manufacturer shall install a readily accessible electrical terminal so that the net body and chassis electrical

DEPARTMENT OF TRANSPORTATION

REQUEST FOR EXPEDITED CORRECTION

current flow can be indicated through a chassis ammeter without dismantling or disassembling the chassis component. The chassis wiring to this terminal shall have a current carrying capacity at least equal to the maximum generator output.

(Source: Expedited correction at 23 Ill. Reg. 4300, effective October 15, 1998)

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

JANUARY 1999 REGULATORY AGENDA

a) Part(s) (Heading and Code Citation): Pay Plan, 80 Ill. Adm. Code 310

1) Rulemaking(s):

A) Description:

Projected amendments to the Department of Central Management Services' Pay Plan will include revisions to the following sections:

In Sections 310.110, 310.130, 310.530 and 310.540, the dates will be revised upon the filing of the Schedule of Salary Grades and Merit Compensation changes for Fiscal Year 2000.

In Section 310.230, Part-time Daily or Hourly Special Services Rate, the daily and hourly rates for the Office Aide, Office Assistant, Office Associate and Office Clerk titles will be upgraded to be parallel with the monthly minimum and maximum salaries of those titles that were already negotiated for July, 1999. Also, the hourly salary for the Laborer (Maintenance) title will be upgraded at the request of the Department of Transportation, effective July, 1999.

In Section 310.270, Legislated and Contracted Rate, the Arbitrator's annual salary may be adjusted for Fiscal Year 2000.

In Section 310.280, Designated Rate, the revisions to this section will reflect changes in salaries, the addition of new positions and deletion of positions no longer being utilized under this section as approved by the Governor.

In Section 310.290, Out-of State of Foreign Service Rate, the salary ranges for the out-of-state position titles will be adjusted to maintain the same differential above the in-state position titles for July, 1999.

In Section 310.450, Procedures for Determining Annual Merit Increases, paragraph c) may be revised in relation to the Merit Increase Guidechart pertaining to changes in the level of category modifications.

In Section 310.540, Annual Merit Increase Guidechart, the guidechart may be revised to reflect changes in allowable amounts of salary increase for the level of performance upon implementation of Merit Compensation changes.

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

JANUARY 1999 REGULATORY AGENDA

In Section 310.Appendices B, C, D and G, salary amendments for Fiscal Year 2000 are anticipated in relation to the Schedule of Salary Grades and the Merit Compensation Plan.

An amendment will be filed to the NR-916 (Department of Natural Resources, Teamsters) Collective Bargaining Unit to reflect the new salary ranges for January 16, 1999.

An amendment will be filed to the AFSCME Units revising the Maximum Security Institutions Schedules' salary ranges which reflects $50 added prior to the 3% general increase effective as of July 1, 1999.

We anticipate that there will be a number of changes to the various collective bargaining tables to set forth new classes and revised salary ranges for certain classifications which are not yet identified.

Other amendments will likely be necessary although this cannot be projected at this time.

B) Statutory Authority: Authorized by Section 8a(2) of the Personnel Code [20 ILCS 415/8 and 8a].

C) Schedule of date(s) for hearings, meetings, or other opportunities for public participation: Specific criticisms, suggestions and/or comments can be forwarded to the Department of Central Management Services in writing by interested persons during the First Notice Period of the Pay Plan amendments.

D) Date(s) agency anticipates First Notice(s): The Fiscal Year 2000 changes relating to the Schedule of Salary Grades and Merit Compensation Plan will be filed after administrative finalization in the Spring/ Summer, 1999.

A proposal to amend Section 310.280, Designated Rate, is anticipated to be filed in the Spring, 1999.

A proposed amendment reflecting the January, 1999 salary increases for the NR-916 Collective Bargaining unit will be filed after the agreement has been finalized.

The proposed amendment revising the salary ranges for the Maximum Security Institutions Schedules for the AFSCME Units is anticipated to be filed in April, 1999.

The other projected amendments are anticipated to be filed

DEPARTMENT OF CENTRAL MANAGEMENT SERVICES

JANUARY 1999 REGULATORY AGENDA

at a later date.

E) Affect on small businesses, small municipalities or not for profit corporations: These amendments to the Pay Plan pertain only to State employees subject to the Personnel Code under the Governor. They do not set out any guidelines that are to be followed by local or other jurisdictional bodies within the State.

F) Agency contact person for information:

Mr. Michael Murphy
Department of Central Management Services
Division of Technical Services
504 William G. Stratton Building
Springfield, Illinois 62706
217/782-5601

G) Related rulemakings and other pertinent information: Other amendments may be necessary based on emergent issues regarding State employee salary rates and policies.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of March 23, 1999 through March 29, 1999 and have been scheduled for review by the Committee at its April 20, 1999 meeting in Springfield. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rule should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

Second Notice Expires	Agency and Rule	Start of First Notice	JCAR Meeting
5/6/99	Department of Central Management Services, State (of Illinois) Employees' Deferred Compensation Plan (80 Ill Adm Code 2700)	1/8/99 23 Ill Reg 378	4/20/99
5/7/99	Department of Professional Regulation, The Barber, Cosmetology, Esthetics, and Nail Technology Act of 1985 (68 Ill Adm Code 1175)	2/5/99 23 Ill Reg 1493	4/20/99

Rules acted upon during the calender quarter from Issue 1 through Issue 16 are listed in the Issues Index by Title number, Part number and Issue number. For example, 50 Ill. Adm. Code 2500 published in Issue 1 will be listed as 50-2500-1. The letter "R" designates a rule that is being repealed. Inquiries about the Issues Index may be directed to the Administrative Code Division at 217-782-4414 or jnatale@ccgate.sos.state.il.us (Internet address).

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